

DSHS Virtual Classroom Training Application

DATE

CO	NTACT NAME	PHONE NUMBER	EMAIL ADDRESS
TR/	AINING PROGRAM NAME		TRAINING PROGRAM NUMBER
"Virtual classroom" means a synchronous, instructor-led, remote learning environment conducted in real time using video conferencing technology that allows:			
a. b. c. d. e. f. g.	For two-way audio and video communication between the instructor and all students; The instructor to monitor student engagement; The instructor and students to participate, interact, present, show work, and ask and answer questions; The instructor to break students into virtual small groups for work and discussion if required by the curriculum; The instructor to monitor each small group individually as they work and interact; The instructor to maintain a record of attendance; The student to be able to provide feedback and evaluation at the end of course.		
Please provide the following information:			
1.	What video conferencing software or application	will you use for your virtual o	classroom (i.e., Zoom, Skype, etc.)?
2.	How will you modify your classroom activities for effective instruction in a virtual classroom environment? (Please provide at least (3) three examples.)		
3.	What courses will you offer through the virtual cla	assroom?	
4.	How do you provide training materials to learners?		
5.	How will you verify identification of the students?		
6.	For courses requiring tests, how will you administer and proctor the tests?		
7.	 DSHS requires that you either submit a recorded opportunity for the department to view a live exar I have included a recorded sample of the virt Please contact me to schedule a live example are available for live demonstration. 	nple of the virtual classroom ual classroom environment	n. with this application.
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Please submit your completed application to TrainingApprovalTPC@dshs.wa.gov.