

DSHS Virtual Classroom Training Application

DATE

CONTACT NAME	PHONE NUMBER	EMAIL ADDRESS
TRAINING PROGRAM NAME		TRAINING PROGRAM NUMBER

“Virtual classroom” means a synchronous, instructor-led, remote learning environment conducted in real time using video conferencing technology that:

1. Allows for two-way audio and video communication between the instructor and all students;
2. Allows the instructor to monitor student engagement;
3. Allows the instructor and students to participate, interact, present, show work, and ask and answer questions;
4. Allows the instructor to break students into virtual small groups for work and discussion if required by the curriculum;
5. Allows the instructor to monitor each small group individually as they work and interact;
6. Allows the instructor to maintain a record of attendance

Please provide the following information:

1. What video conferencing software or application will you use for your virtual classroom (i.e., Zoom, Skype, etc.)?

2. How will you modify your classroom activities for effective instruction in a virtual classroom environment?

3. What courses will you be offering through the virtual classroom?

4. DSHS requires that you either submit a recorded demonstration of the virtual classroom in use, or schedule an opportunity for the department to view a live example of the virtual classroom.

- I have included a recorded sample of the virtual classroom environment with this application.
- Please contact me to schedule a live example of the virtual classroom.

Please submit your completed application to TrainingApprovalTPC@dshs.wa.gov.