

DIRECT ASSESSMENT APPLICATION

City and State where you will be assessed _____

1 TYPE OF ASSESSMENT

- Check one setting below:
- CENTER BASED**
 Infant/Toddler (birth up to 36 months old)
 Preschool (3-5 years old)
- or-**
- FAMILY CHILD CARE**
 (birth-5 years old)
- Check if applicable:
- MONOLINGUAL**
Sólo en español (Spanish only)
 If not Spanish, approved waiver must be attached

 (Specify language)
- BILINGUAL**
 English and _____
 (Specify language)
 If not Spanish, approved waiver must be attached

2 TYPE OF PROGRAM

- Head Start Center
 Early Head Start
 Head Start Migrant
 Head Start Indian
 Family Child Care
 Private Child Care Center
 Army
 Navy
 Air Force
 Marines
 Other (please specify): _____

3 CANDIDATE PERSONAL DATA *(Please print clearly)*

<i>Last Name</i>	<i>First Name</i>	<i>Middle Name</i>	<input type="checkbox"/> Female	<input type="checkbox"/> Male	<i>E-mail</i>
<i>Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>		
()	()				
<i>Area Code/Home Telephone</i>	<i>Area Code/Work Telephone</i>	<i>Social Security Number</i>			

4 PAYMENT ***(Direct Assessment fee is non-refundable and non-transferable)***

Enclosed is a ***non-refundable*** check or money order for \$325.00 made payable to the Council for Professional Recognition. NO CASH PLEASE.

An agency is paying the fee through a pre-existing invoice agreement or an advance account. The agency's letter of authorization or purchase order is ATTACHED IN SUBSTITUTION for enclosed payment.

**Send the completed application, with payment, to the address below.
 INCOMPLETE FORMS WILL BE RETURNED**

The Council for Professional Recognition
 2460 16th Street, NW
 Washington, DC 20009-3575
 (202) 265-9090 • FAX (202) 265-9161 • (800) 424-4310

Visit the Council's Website at <http://www.cdacouncil.org>

For Finance use only

Approval: _____

Payment Type: _____

A/C Code: _____

Date: _____

5

FORMAL EDUCATION (Candidate must complete this section or the Council will return the application.)

Candidates must document a total of 120 clock hours, within the past 5 years, with no fewer than 10 clock hours in each of the areas listed below. Candidate must submit official training documentation in the form of an official letter (on letterhead), certificate, or transcript from the training agency or institution. Documentation must include the number of clock hours, content area, date of training session, name and address of the training agency, and authorized signature(s).

The Council does not accept conference workshop hours.

CONTENT AREAS	NUMBER OF HOURS (10 or more)
1. Planning a safe, healthy, learning environment	
2. Steps to advance children's physical and intellectual development	
3. Positive ways to support children's social and emotional development	
4. Strategies to establish productive relationships with families	
5. Strategies to manage an effective program operation	
6. Maintaining a commitment to professionalism	
7. Observing and recording children's behavior	
8. Principles of child development and learning	

Please indicate if you received college credits for the training hours. Yes _____ No _____
If yes, how many? _____

6

CANDIDATE VERIFICATION *(Please verify that you meet the following requirements by checking each item. An untrue or inaccurate statement or response may be grounds for revocation of any Credential issued.)*

- I am at least 18 years old, have a H.S. Diploma or GED.
- I have 480 hours of experience working with children within the past 5 years.
- I am able to speak, read, and write English well enough to fulfill the responsibilities of a CDA Candidate.
- I have read the NAEYC Code of Ethical Conduct and I commit myself to it's ideals and principles as the core values of our field.
- I have been observed by my Advisor within the past 6 months working as lead teacher with children ages _____ in a Center or a Family Child Care Home .
- The CDA Assessment Observation Instrument is in a sealed envelope and is in my possession.
- I have distributed and collected (number) _____ Parent Opinion Questionnaires within the past 6 months in _____.
Month and year
- I have completed my Professional Resource File in _____ within the past 6 months according to Council requirements:
 - Autobiographical Statement _____ Month and year
 - Six Competency Statements
 - 17 Items in Resource Collection
- I have been granted a waiver by the Council and the waiver is attached.

FOR BILINGUAL ASSESSMENTS

I have applied for a bilingual assessment and work in a bilingual program where **English and** _____ are used in daily program activities.
I am able to speak, read, and write in English and _____
(Specify language) (Specify language)

I would like to have my interview in: English or _____
(Specify language)

FOR MONOLINGUAL ASSESSMENTS/EVALUACIONES MONOLINGUES

Estoy solicitando una evaluación monolingüe. Yo puedo hablar, leer y escribir en Español o _____
idioma

I am applying for a monolingual assessment and I am able to speak, read, and write in _____
(Specify language)

I am now ready for the Council Rep to administer the Early Childhood Studies Review and conduct the Oral Interview. I understand that individuals convicted of a crime involving child abuse or neglect are ineligible to apply for or hold the CDA Credential. If I am awarded a CDA Credential with the right to use the title Child Development Associate in connection with my name, I agree to meet the standards of the CDA to the best of my ability. I also agree to conduct myself in a professional manner and abide by the profession's Code of Ethical Conduct. I testify that all answers given to all questions on this Application are true to the best of my knowledge.

Candidate's Signature Date

7 **CENTER PROGRAM DIRECTOR OR FAMILY CHILD CARE PROVIDER INFORMATION**
(Please print clearly)

Name of Center or Family Child Care Program _____ Telephone No. () _____

Does your setting meet state and local requirements? N/A Yes No

If yes, date license, approval or registration _____ Last Renewal / Inspection date _____

If no or N/A, please explain _____

I understand the requirements of the CDA assessment system and I hereby grant permission for this Candidate to use the center site, if needed, to participate in the Early Childhood Studies Review and Oral Interview with the Council Representative.

I understand if the Candidate is applying for a family child care credential that the verification visit can not be completed in the home.

Last Name (Print) _____ First Name (Print) _____ Title (Print) _____

Telephone No. () _____ E-mail: _____
(If different than above)

Director or Family Child Care Provider's Signature Date

ADVISOR INFORMATION *(to be completed by Advisor)* (Please print clearly)
An untrue or inaccurate statement or response may be grounds for revocation of any Credential issued.

<i>Last Name</i>	<i>First Name</i>	<i>Middle Name</i>	<input type="checkbox"/> Female <input type="checkbox"/> Male	<i>Social Security Number</i>
<i>Address</i> ()	<i>Street</i>	<i>City</i> ()	<i>State</i>	<i>Zip Code</i>
<i>Area Code/Home Telephone</i>		<i>Area Code/Work Telephone</i>		<i>E-mail</i>

ADVISOR VERIFICATION *(Please check each step you have completed.)*

- I have formally observed the Candidate **working as the lead teacher** in the following setting:
 Center with Preschool children (3-5 years old) or Center with Infants-Toddlers (birth-up to 36 months old) or
 Family Child Care Home (birth-5 years old)
- I have completed the CDA Assessment Observation Instrument in compliance with the Documentation Collection requirements for the Candidate's specific setting within the past six months in _____
 (Month and Year)
- I have placed the CDA Assessment Observation Instrument in a **sealed envelope** and I have given it to the Candidate.
 I have been granted a waiver by the Council for a special condition and the waiver is attached.

FOR BILINGUAL ASSESSMENTS

- I am serving for a bilingual assessment and I am able to speak, read, and write fluently in both **English and** _____ .
 (Specify language)
- The CDA Assessment Observation Instrument I have completed reflects the Candidate's bilingual work and his/her daily and consistent use of the two languages with children and families.

FOR MONOLINGUAL ASSESSMENTS/EVALUACIONES MONOLINGÜES

- Estoy participando en una evaluación monolingüe. Yo puedo hablar, leer y escribir en Español o _____ .
 idioma
- I am serving for a monolingual assessment and I am able to speak, read and write in _____ .
 (Specify language)

ADVISOR STATEMENT

I agree to serve as the Advisor for this Candidate. I have read the Advisor education and experience and Conflict of Interest statement requirements for the CDA assessment, and I meet these requirements or have been granted a waiver. I am familiar with the local standards and requirements for child care programs serving children and their families. I am also familiar with the program where the Candidate works, as well as the needs of the community and its children. I am able to speak, read, and write well enough to carry out all assessment responsibilities of a CDA Advisor.

I testify that all answers on this Application are true to the best of my knowledge. I promise to carry out all the responsibilities of a CDA Advisor in a professional manner and to keep in the strictest confidence all personal information that I acquire during the assessment process. I will share such information only with authorized representatives of the Council for Professional Recognition.

Advisor's Signature

Date