

HOME VISITOR ASSESSMENT APPLICATION

City and State where you work: _____

1 TYPE OF ASSESSMENT 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
 Other (please specify): _____

3 CANDIDATE PERSONAL DATA (Please print clearly)

Last Name		First Name	Middle Name	Social Security Number	
Address		City		State	Zip Code
()	()				
Area Code/Home Telephone		Area Code/Work Telephone		E-mail Address	

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

Enclosed is a check or money order for \$325.00 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. An official letter is ATTACHED in substitution for enclosed payment.

Female
 Male

Send the completed application, with payment, to the address below. Do not separate carbons—send both copies. 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.)

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. Submit official evidence in the form of an official letter (on letterhead), certificate, or transcript from the training agency or institution. 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	Hours (10 or more)	Content Areas	Hours (10 or more)
1. Promoting health, safety, and nutrition in home environments		5. Strategies to manage an effective home visitor program operation	
2. Enhancing parents' skill to advance children's physical and intellectual development		6. Maintaining a commitment to professionalism	
3. Strategies to promote parents use of positive ways to support children's social and emotional development		7. Case management	
4. Strategies to establish productive relationships with families		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 (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 in a home visitor program(s) 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 its ideals and principles as the core values of our field.
- I have been observed by my Advisor.
- I have been observed by my Parent/Community Representative.
- I have completed a portfolio of my work in accordance with Council requirements. Date of first portfolio entry: _____ last portfolio entry: _____
- Yes No I have been granted a waiver by the Council and the waiver is attached.

BILINGUAL ASSESSMENTS (Only) – to be completed by the Candidate

- I work in a bilingual program and I am able to speak, read, and write fluently in both English and _____ (Specify Language).
- My Advisor and P/C Representative are also able to speak, read, and write fluently in both English and _____ (Specify Language).

EVALUACIONES MONOLINGÜES (Solamente) – MONOLINGUAL ASSESSMENTS (Only) – a ser completado por el Candidato

- Solicito una evaluación monolingüe. Yo puedo hablar, leer y escribir en Español o en _____ (especifique el idioma).
- Mi Asesor y Padre Representante también pueden hablar, leer y escribir en Español o en _____ (especifique el idioma).
- I am applying for a monolingual assessment and I am able to speak, read, and write in Spanish or _____ (Specify Language).
- My Advisor and P/C Representative are also able to speak, read, write in Spanish or _____ (Specify Language).

I am now ready for the observation and interview by a Council Representative and the Local Assessment Team Meeting. 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

PROGRAM INFORMATION (Please print clearly)

Name of Program _____ Telephone No. _____ ()

Hours and Days of Week for Home Visitors _____ Program's Closing Date: _____

Does your setting meet state and local requirements? N/A Yes NoIf yes, date of current license, approval, or registration
or most recent monitoring date: _____

If no, please explain: _____

"I understand the requirements of the CDA assessment system and I hereby grant permission for this Candidate to be observed in this program by the Council for Professional Recognition's Local Assessment Team."

Last Name (Print)

First Name (Print)

Title (Print)

Signature and Title of Home Visitor Program Director

Area Code/Telephone Number

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.**

Last Name

First Name

Middle Name

Social Security Number

Address

Street

City

State

Zip Code

Area Code/Home Telephone

Area Code/Work Telephone

E-mail Address

CONFLICT OF INTEREST (To be eligible, Advisor must answer "no" to all questions.) Yes No

Do you work on a daily basis with the same families as the Candidate where s/he will be observed by the LAT?

 Female Yes No

Are you a relative of a family or part of the Candidate's caseload?

 Male Yes No

Are you related by blood, marriage, or legal relationship to the Candidate?

 Yes No

Did the Candidate serve on your Local Assessment Team, if you had a CDA assessment?

ADVISOR VERIFICATION (Please check each step you have completed and sign below.) I have had a professional relationship with the Candidate for at least 12 weeks. I have observed the Candidate working with three different families during home visits. Date(s) of first observation: _____ last observation: _____ I filled out the Advisor Report Form in compliance with the information collection requirements for the Home Visitor setting. Yes No I have been granted a waiver by the Council and the waiver is attached.**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

PARENT/COMMUNITY REPRESENTATIVE INFORMATION*to be completed by the Parent/Community Representative (Please print clearly)***An untrue or inaccurate statement or response may be grounds for revocation of any Credential issued.**

Last Name		First Name		Middle Name	Social Security Number
Address	Street	City		State	Zip Code
Area Code/Home Telephone		Area Code/Work Telephone		E-mail Address	

CONFLICT OF INTEREST *(To be eligible, Parent/Community Representative must answer "no" to all questions.)*

- | | | |
|----------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|---------------------------------|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Are you presently employed by either the Candidate's program or by any agency that provides funding for the program? | <input type="checkbox"/> Female |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Are you a relative of a family or part of the Candidate's caseload? | <input type="checkbox"/> Male |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Are you related by blood, marriage, or legal relationship to the Candidate? | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Was this Candidate a member of your Local Assessment Team, if you had a CDA assessment? | |

PARENT/COMMUNITY REPRESENTATIVE VERIFICATION *(Please check each step you have completed and sign below.)*

- I have contacted the families in the Candidate's caseload to have them complete the parent questionnaires.
- I have received the completed parent questionnaires and have explained on the tally sheet why some were incomplete.
- I filled out the tally sheet of parent questionnaires.
- I have observed the Candidate working with two different families during home visits. Date(s) of observation: _____
- I filled out the Parent/Community Representative's Observation Form in compliance with the information collection requirements for the Home Visitor setting.
- Yes No I have been granted a waiver by the Council and the waiver is attached.

PARENT/COMMUNITY REPRESENTATIVE STATEMENT

I agree to serve as the Parent/Community Representative for this Candidate. I have read the eligibility requirements for the CDA assessment, and I meet these requirements or have been granted a waiver. I testify that all answers on this application are true to the best of my knowledge. I realize that I must participate in the Local Assessment Team meeting which will last at least 4 hours. I promise to carry out all the responsibilities of a CDA Parent/Community Representative in a serious manner and to keep in strictest confidence all personal information that I acquire during the assessment process. I will share such information only with other members of the Local Assessment Team or with authorized representatives of the Council for Professional Recognition.

 Parent/Community Representative's Signature

 Date