

# DIRECT ASSESSMENT APPLICATION

City and State where you will be assessed: \_\_\_\_\_

## 1 TYPE OF ASSESSMENT

Check one setting below:

- CENTER BASED**  
 Infant/Toddler  
(birth 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)

\_\_\_\_\_  
Last Name First Name Middle Name  Female  Male E-mail

\_\_\_\_\_  
Address City State ZIP Code

( ) ( )  
Area Code/Home Telephone Area Code/Work Telephone Last four digits of your Social Security Number

## 4 PAYMENT (The 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 20009-3547  
(202) 265-9090 • FAX (202) 265-9161 • (800) 424-4310

Visit the Council's Website at [www.cdacouncil.org](http://www.cdacouncil.org)

### For Finance use only

Approval: \_\_\_\_\_

Payment Type: \_\_\_\_\_

A/C Code: \_\_\_\_\_

Date: \_\_\_\_\_

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**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 five years, with no fewer than ten 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 and healthy learning environment	
2. Advancing children’s physical and intellectual development	
3. Supporting children’s social and emotional development	
4. Building productive relationships with families	
5. Managing an effective program operation	
6. Maintaining a commitment to professionalism	
7. Observing and recording children’s behavior	
8. Understanding principles of child development and learning	

Please indicate whether you received college credits for the training hours.  
 Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, how many? \_\_\_\_\_

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**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 and have a High School Diploma or GED.
- I have 480 hours of experience working with children within the past five 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 within the past six months working as lead teacher with children aged \_\_\_\_\_ 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 \_\_\_\_\_ Parent Opinion Questionnaires within the past six months in \_\_\_\_\_.  
(number) Month and year
- I have completed my Professional Resource File in \_\_\_\_\_ within the past six months according to Council requirements. It includes:
  - Autobiographical Statement Month and year
  - Six Competency Statements
  - 17 Items in Resource Collection
- I applied for a waiver (special permission) and the Council has approved it. I am attaching my approved waiver form to this application.

**FOR BILINGUAL ASSESSMENTS**

- I am applying for a bilingual assessment and work in a bilingual program where I am required to use English and \_\_\_\_\_ (other language) in my daily work with children and their families.
- I would like to have my interview in  English or  \_\_\_\_\_ (other language).

**PARA EVALUACIONES MONOLINGÜES — FOR MONOLINGUAL ASSESSMENTS (ONLY)**

- Estoy solicitando una evaluación monolingüe y trabajo en un programa bilingüe donde se me requiere usar el idioma \_\_\_\_\_ diariamente en mi trabajo con los niños y sus familias.
- I am applying for a monolingual assessment and work in a bilingual/monolingual (non-English) program where I am required to use \_\_\_\_\_ language daily in my work with children and families.

*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

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**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 of 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 cannot 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"/> <i>Female</i> <input type="checkbox"/> <i>Male</i>	<i>Last four digits of your 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 that 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 and Toddlers (birth 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*