



**IYD CREDENTIAL
Assessment Visit Request Form
Alternate Process**
(All candidate information is confidential)

Indiana YouthPRO Association
4755 Kingsway Drive, Suite 300
Indianapolis, IN 46205
317-259-9491

For YouthPRO Office use only:
Date received _____
Name of Evaluator _____
Date assigned _____

When a Candidate submits this form to the Indiana YouthPRO Association (YouthPRO) office, the final step of the IYD Credentialing process begins. The YouthPRO office will assign an Independent Reviewer and work with the Candidate to schedule the Assessment Visit which includes the Reviewer's observation and interview, plus the Assessment Team Meeting. The YouthPRO office and the Independent Reviewer will also work with the Candidate to make any other arrangements/decisions that are indicated.

In order for YouthPRO to determine if the Candidate is ready for this step, the Candidate, program director or supervisor along with the program administrator must sign this form verifying that all documentation is complete, or will be by the assessment visit, and that they are prepared to cooperate with the assessment process. (*If you are applying for a T.E.A.C.H. Early Childhood® INDIANA Assessment scholarship, see page 3)

1. CANDIDATE CONTACT INFORMATION

Name of Candidate	Social Security Number
Home Address	Work Address
Home Phone	Work Phone
Email address	Fax number
County of residence	County of Employment

2. PAYMENT: (The fee is non-refundable and non-transferable.)

- Enclosed is a non-refundable check or money order for \$325 made payable to the Indiana YouthPRO Association. No Cash Please.
- An agency is paying the fee. The agency is _____ and their letter(s) of authorization **is attached in substitution of enclosed payment.**

3. EDUCATION REQUIREMENTS –I have an Associate, Bachelor or Master degree and (check one of the following):

- My degree included 12 credits in Youth Development or a related field and the courses are noted on my self-assessment.
- Along with my degree I have completed 180 hours of non-credit training and/or experience in Youth Development within the past 3 years that relate to the Core Competencies.
- Along with my degree I have completed 20 Continuing Education Hours (CEH or CEU) within the past 3 years that relate to the Core Competencies.
- Copies of transcripts or other documentation that demonstrate I have completed these requirements has been submitted to YouthPRO.
- I have sent YouthPRO all documentation that verifies course and/or training that has been completed since my initial *Self-Assessment* was submitted.

4. CANDIDATE'S VERIFICATION

I certify that

- I meet the education/training requirements.
- I have 480 hours of experience working with children/youth within the last 5 years.
- I have completed my *Resource File* as documentary evidence of my competence within the past six month.

Signature: _____ Date _____

5. ASSESSMENT VISIT OPTIONS: Important. Select one or the other.

My program is year round _____ -or- My program runs from (date) _____ to _____

Preferred 5 to 8 dates for observation visit and assessment meeting are: (allow at least five weeks between date of request and first suggested time frame.)

- | | |
|----|----|
| 1. | 5. |
| 2. | 6. |
| 3. | 7. |
| 4. | 8. |

6. Direct Supervisor contact information (if different than Program Director)

Name of Direct Supervisor	
Home Address	Work Address
Home Phone	Work Phone
Email address	Fax number

Direct Supervisor Verification

- I am aware the Candidate is pursuing the IYD Credential and understand the IYD Credential guidelines.
- I support the Candidate and believe she/he is qualified for the position currently held and for pursuing the IYD Credential (please attach letter of support from Direct Supervisor.)
- The Candidate is applying for a TEACH Scholarship and I Certify that:
 - The Candidate has completed, or will have completed, his/her *Portfolio* and *Resource File* according to the guidelines;
 - I have completed, or will have completed, at least 1 observation, of the Candidate working with children/youth.
 - I have attached (or will forward) a summary of my observation;

Signature of Supervisor _____ Date _____

7. PROGRAM DIRECTOR CONTACT INFORMATION

Name of Program Director	
Work Address	Work Phone
Email address	Fax number

Program Director Verification

I certify that

- I authorize the Credential Visit by the YouthPRO Independent Reviewer on any dates listed above, or as arranged for by the YouthPRO office and/or Independent Reviewer.
- I confirm that the Candidate and I have arranged a space for the YouthPRO Independent Reviewer to review the Candidate's Resource File, go over his/her materials following the observation, for the interview, and for the Assessment Meeting. The space available is _____.
- I confirm that the Candidate and I have arranged with other staff members to fulfill his/her child supervision responsibilities during the interview and/or Assessment Meeting.
- I understand that the YouthPRO Credentialing Process is evaluating the Candidate's competence and is therefore confidential and that no evaluations or comments will be made available except to the Candidate.

Signature of Program Director _____

Date _____

If there is any circumstance or program set-up information that the YouthPRO office/Independent Evaluator should know about in order to plan for and arrange for this assessment visit the Candidate and/or the Program Director should outline those reasons here. You may attach additional pages, if needed. (I.e.: I am the program director and do not regularly work with any one group of children in our program.)

***T.E.A.C.H Early Childhood® INDIANA Scholarships:** If you are intending to apply for a T.E.A.C.H. scholarship, you must submit a T.E.A.C.H Assessment application and this form to T.E.A.C.H. T.E.A.C.H. will then forward this form to YouthPRO.

Indiana YouthPRO Association is an equal opportunity/affirmative action non-profit organization