



IYD CREDENTIAL
Assessment Visit Request Form
Standard 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 and the Advisor 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, Advisor and program director or administrator must all 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 am applying for credit toward training requirements with documentation **for prior learning/experience**. Documentation that verifies coursework and/or training that has been completed since my initial *Self-Assessment* ____ has been submitted, or ____ is attached.

I have enclosed a transcript of credits that apply toward the IYD Credential which covers the following content areas:

| CONTENT AREA | NUMBER OF HOURS |
|--|-----------------|
| 1. Child/Youth Development and Guidance | |
| 2. Families and Communities | |
| 3. Program Environments (Health, Safety, Learning) | |
| 4. Program Content/Curriculum (Social, Self, Cognitive, Creative, Physical Dev.) | |

5. Professionalism _____

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 been observed by my Advisor within the last six (6) months, and all Advisor visits will be completed before 5 days prior to the Assessment Visit.
- I have completed my *Portfolio* and *Resource File* as documentary evidence of my competence within the past six months.

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 team 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. ADVISOR CONTACT INFORMATION

| | |
|-----------------|--------------|
| Name of Advisor | |
| Home Address | Work Address |
| Home Phone | Work Phone |
| Email address | Fax number |

Advisor Verification

I certify that

- The Candidate has completed, or will have completed, his/her *Portfolio* and *Resource File* according to the guidelines and all entries are dated within the last six months;
- I have completed, or will have completed, at least 2 separate observations, at least 3 weeks apart, of the Candidate working with children/youth. The last observation will be completed within six months, but not less than 5 days before the Assessment visit.
- I will bring the completed observation instrument to the Assessment Team meeting;
- I am free of conflict of interests as described in the Advisor Instructions;
- I can make arrangements for the assessment team meeting on any of the above requested meeting date

Signature of Advisor _____ 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 Portfolio/Resource File, go over his/her materials following the observation, for the interview, and for the Assessment Team 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 Team 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