



# Indiana Youth Development Credential Certification of Competency

Applicant Name \_\_\_\_\_

Agency \_\_\_\_\_ Position \_\_\_\_\_

Person completing this form \_\_\_\_\_

Agency \_\_\_\_\_ Position \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

The person above has applied for an Indiana Youth Development Credential form Indiana YouthPRO Association. By signing this form you are attesting that the applicant demonstrates competency in the following areas:

1. Child/Youth Development
  - Knowledge of Child/Youth Development
  - Observation/Assessment Methods
  - Individual Differences
  - Guidance Skills
2. Family and Community
  - Respect for diverse cultures
  - Works with families
3. Program Environments
  - Assures a healthy and safe environment
  - Uses indoor and outdoor environments
4. Program Content and Curriculum
  - Planning for inter/ intrapersonal development
  - Planning for cognitive language/literacy learning
  - Planning for physical and creative learning
5. Professionalism
  - Self Development
  - Appreciates children and youth
  - Professional Development
  - Ethical and Responsible employee

I have known this applicant since \_\_\_\_\_ Month/Year.

The nature of my relationship to the applicant is:

\_\_\_ Co-worker/professional colleague \_\_\_ Current supervisor \_\_\_ Former supervisor

I certify that I have known the applicant since the date indicated above. I believe that they have the competencies listed above and are of good moral character. I believe that they are worthy of receiving the Indiana Youth Development credential.

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Signature of person completing form

Date