

# 2015 INFANT/TODDLER TEACHER CHILD DEVELOPMENT ASSSOCIATE (CDA) CREDENTIAL PROJECT

### **APPLICATION CHECKLIST**

# TEACHER APPLICATION (pages 2 and 3): Completed & signed Infant/Toddler teacher application Infant/Toddler teacher statement Infant/Toddler teacher Resume Infant/Toddler teacher High School Diploma or GED (copy) Infant/Toddler teacher DCF Transcript (copy) OWNER/DIRECTOR INFORMATION (pages 4 and 5): Completed & signed director and owner information Letter of recommendation for teacher

## COMPLETED APPLICATIONS DUE INTO ELCOC OFFICE CLOSE OF BUSINESS THURSDAY FEBRUARY 5<sup>th</sup>, 2015.

Mail applications to: ELCOC, PO Box 540387, Orlando, FL 32854

Attn: Infant/Toddler CDA Program.

Fax applications to: 407-749-0282

Attn: Infant/Toddler CDA Program.



# 2015 INFANT/TODDLER CHILD DEVELOPMENT ASSSOCIATE (CDA) CREDENTIAL PROJECT TEACHER APPLICATION

### MUST BE SUBMITTED BY THURSDAY February 5<sup>th</sup>, 2015.

Teacher Name:			
Home Mailing Address:	Street address	City	Zip Code
		-	•
Phone #:	_ (home)	(work)	(cell)
Email:			
Program:			
Position:	Age	Group:	
Date of employment at	your current center:		
Number of hours per w	eek you work in the clas	sroom with birth –	3 yr. olds:
How long have you wor	ked with infants/toddlers	s?	
	ntly use Teaching Strate		l assessment?
Name of High School, E of Completion and City	Oate of Graduation and C /State:	ity/State OR Name	of GED Program, I
Name of High School/GED	Date Graduated/Completed	City/State	
Other Education (Tech	Center, Community Coll	ege, University – L	IST ALL):
Name of Institution Dates	Attended Subject	Credit Hours Comple	eted Degree Earned

On a separate page, please tell us why you want to participate in the Infant/Toddler CDA program and how you think this course will benefit your children, your program and your professional development.



# 2015 INFANT/TODDLER CHILD DEVELOPMENT ASSSOCIATE (CDA) CREDENTIAL PROJECT TEACHER APPLICATION

### I affirm that I:

- have completed Florida's state-mandated child care training (copy of DCF transcript attached),
- have a high school diploma/GED (copy attached),
- am not enrolled in another Florida Child Care Professional Certificate program,
- have worked with infants and/or toddlers full-time for at least one year,
- committed to completing the necessary requirements of this project, which include:
  - attendance at all training sessions (scheduled twice month on Thursday afternoons from 12 noon – 5 pm),
  - o completion of a Professional Portfolio,
  - distributing and collecting completed Family Questionnaires from parents of children in my class,
  - completing individual Teaching Strategies Gold assessments on all children in my class,
  - o participating in program evaluation (written feedback and focus group).
- will commit to staying at my current center for one year after completing my Infant/Toddler CDA.

Teacher Signature	Print Name	
Date		

Please attach a current resume, copy of DCF transcript and copy of HS diploma/GED to this application.



# 2015 INFANT/TODDLER CHILD DEVELOPMENT ASSSOCIATE (CDA) CREDENTIAL PROJECT OWNER/DIRECTOR INFORMATION

Teacher Name:			
Center Name:			
Director Name:			
Owner Name:(if different)			
Physical Address:			
Mailing Address:			
Phone:	(Work)	(Cell)	
Fax:	Email:		
License #:	_ (if Religious Exempt indicate) Licensed Capacity:		
Ages served:	Approx. # School Readiness Children:		
Gold Seal Center: ☐ Yes ☐ N	No Accrediting Agency:		
# Infants 0-1 yr.:	# Toddlers 1-2 yrs. old:	# Toddlers 2-3 yrs. old:	
Group size:	Group size:	Group size:	
Ratio used in this room is 1:	Ratio used in this room is 1:	Ratio used in this room is 1:	
_	# Full-time: # Part-tin	<del></del>	
Infant/Toddler Staff Cred	dentials # Infant/Toddler CDA:		
Second Languages snoken by	# Florida Child Care Process	rovider Certificate:	
	teaching staff:		
occoma zamgaagee epenem by			
	sessment developmental screening with y What tool do you use?		
Are you presently doing develo	opmental assessment with your in What tool do you use?	nfants/toddlers?	



Teacher Name:

# 2015 INFANT/TODDLER CHILD DEVELOPMENT ASSSOCIATE (CDA) CREDENTIAL PROJECT OWNER/DIRECTOR INFORMATION

Please complete a letter of recommends why you think s/he would benefit		
<ul> <li>affirm that I:</li> <li>am willing to have my infant CDA Credential project,</li> <li>will cooperate with the requirements of this project</li> </ul>	t/toddler teacher(s) parti lired observations that a l teacher(s) attendance a Thursday afternoons fro g teachers in completion t, which include:	cipate in the Infant/Toddler re a part of this project, t all training sessions om 12 noon – 5 pm)
participating teacher'  o completing individua  in the participating te	's class, I Teaching Strategies Go acher's class,	eld assessments on all children
Director Signature	Print Name	Date
Owner Signature	Print Name	Date