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**Training and Technical Assistance Professional Credential**

**Professional Development Specialist**

**Reference/Verification of Professional Experience in the Early Childhood and/or School Age Field**

**To the reference writer**:

You have been asked to serve as a reference for a candidate applying for the New York State Training and Technical Assistance Professional Credential as a Professional Development Specialist in Early Childhood and/or School Age care and education. Your reference will be used as a part of the verification process to determine whether the applicant meets the eligibility requirements for the credential. The reference you provide will only be used for this purpose; the New York State Association for the Education of Young Children (NYSAEYC) will not forward the reference to universities or to prospective employers.

**You have two options for submitting your reference:**

1) Print the form, handwrite your responses, and mail the completed form directly to NYSAEYC.

2) Type your reference in a *Word* document or the body of an email. Be sure to include all of the information requested in this reference form in the content of your response. Then, email your reference to NYSAEYC.

Name of applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of reference writer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of reference writer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number of reference writer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address of reference writer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of years you have known the applicant in one or both of the following capacities:

Adult Educator/Trainer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Practitioner with Children and Families (e.g. head teacher, child care provider, director) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please provide a brief narrative of the applicant based on your experience with him/her. Please describe to the best of your knowledge the following:**

* The applicant’s professional experience working with children and families

and/or

* The applicant’s training experience.
* The quality of the applicants work.
* If the applicant was employed by you or your organization would they be eligible for rehire.

***TRAINING REFERENCE ONLY***

Using a scale of 1-5 (1=poor 2= Average 3=Good 4= Very Good 5= Excellent) please rate the applicant’s ability in the following areas:

Developing meaningful current curriculum \_\_\_\_\_ Meeting learning objectives \_\_\_\_\_

Using of a variety in instructional methods \_\_\_\_\_ Creating a supportive and flexible environment \_\_\_\_\_

Actively engaging participants \_\_\_\_\_ Connecting theory to practice \_\_\_\_\_

You may:

1) Print this form, type or write your response, narrative can be on your letterhead and mail it in a sealed envelope to:

New York State T-TAP Credential Program

NYS Association for the Education of Young Children (NYSAEYC)

230 Washington Avenue Extension

Albany, NY 12203

***OR***

2) Email your response to credentials@nysaeyc.org. The subject of your email should read: *PDS Reference.*