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**Early Childhood Rating Reviewer Application**

**1. General Information.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name (Last, First, Middle Initial) | | | | | | | |
| Date of Birth (mm/dd/yyyy) | | | | | Social Security Number | | |
| Home Address | | | | | Home Email Address | | |
| City | | County | | | | State | Zip Code |
| Home Phone  (     ) | | Home Cell Phone  (     ) | | | | Home Fax  (     ) | |
| Gender (Optional for data purposes only)  Male Female | Are you Hispanic, Latino or Spanish: (Optional for data purposes only)  Yes No | | | Race (Check all that apply. (Optional for data purposes only)  White American Indian/Alaska Native  Black or African American  Asian  Native Hawaiian/Other Pacific Islander | | | |
| Primary/Native Language | | | Secondary Language | | | | |
| Are you certified in American Sign Language?  Yes  No | | | | | | | |
| Where do you prefer to be contacted?  Home Phone  Home Email  Home Address  (Check **only one** in each column)  Home Cell  Work Email  Work Address  Work Phone  Work Cell | | | | | | | |

**2. Employment**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Current Employer/Organization | | | Title | | | | Start Date |
| Work Address | | | Work Email Address | | | | |
| City | County | | State | | Zip Code | | |
| Work Phone  (     ) | | Work Cell  (     ) | | Work Fax  (      ) | | | |
| Previous Employer Name/Address | | | Start date | | | End date | |
| Previous Employer Name/Address | | | Start date | | | End date | |
| Previous Employer Name/Address | | | Start date | | | End date | |
| Do you currently work in an early childhood program?  Yes  No | | | Total number of years you have worked in early childhood care and education. | | | | |

**3. Early Childhood Training and Experience**

|  |
| --- |
| I have completed Environment Rating Scale (ERS) Training  Date/Scales\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  I have completed CLASS Training  Date/Scales\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  I have completed other relevant training  (Please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| I have experience evaluating/assessing early childhood programs: Yes  No  (Specify relevant experience): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Start Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ End Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**4. Education, Credentials and Training**

Please indicate all educational levels you have completed.

|  |  |
| --- | --- |
| High School Diploma/GED    One Year Certificate in Early Childhood Education    Associates Degree in Early Childhood Education    Associates Degree in Related Field    Bachelor’s Degree in Early Childhood Education | Bachelor’s Degree in Related Field    Master’s Degree in Early Childhood Education    Master’s Degree in Related Field    PhD/EdD    Other degree (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Do you have a current Nebraska teaching certificate?  Yes  No  If Yes, please specify endorsement(s)  Other professional licenses/certifications Please specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

**5. Rating Reviewer Time and Travel Availability (please check all that apply)**

Please indicate how many hours you would be available to conduct Rating Reviews each month:

5-10 hours per month

10-20 hours per month

20-40 hours per month

40-80 hours per month

80-110 hours per month

110-160 hours per month

How far are you willing to travel from your home?

Within a 50-100 mile radius

Within a 100-150 mile radius

Within a 200 mile radius

Anywhere in the State of Nebraska

Are you willing to conduct Rating Reviews that might require an overnight stay?  Yes  No

**6. References**

Please list three Professional References who know your work:

|  |  |
| --- | --- |
| 1. Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Organization:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   1. Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Organization:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   1. Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Organization:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

By signing and submitting this application, I affirm that the information listed is true and complete.

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Completed applications should be submitted to nde.stepuptoquality@nebraska.gov**

