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**Early Childhood Rating Reviewer Application**

**1. General Information.**

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| --- |
| 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**

