

# 2009 DIR<sup>®</sup> Beginning (DIR<sup>®</sup> B) Application

## DIR<sup>®</sup> Southern California Regional Institute October 2009-May 2010

*This application is for those who have completed introductory level courses in the DIR<sup>®</sup>/Floortime<sup>™</sup> model and have begun practicing or using the model in their educational programs. Applicants who embark on self-study programs will also be considered (see below).*

1. Complete this application and return by e-mail as an attachment to [application@pasadenachilddevelopment.org](mailto:application@pasadenachilddevelopment.org) . Indicate "DIR B Application" in subject line. Be sure to answer **all** questions or indicate N/A where appropriate.
2. Please also mail hard copy of completed and signed application, curriculum vital, and photo. Send to:  
 PCDA  
 620 N. Lake Ave.  
 Pasadena, CA 91101  
 ATTN: DIR- RI
3. Please send two letters of recommendation by mail or e-mail
4. Upon your acceptance to the program you will be sent the following:
  - Payment Form
  - Presentation Guidelines

**Instructions for Completing Form:** Click your mouse in the empty box next to the information requested and begin typing. The box will expand automatically to accommodate your entry as necessary.

<b>Date Sent</b>		<b>E-Mail Address</b>	
<b>Self-Referred (Y/N)</b>		<b>Referred by</b>	DIR Supervisor (if applicable)
<b>Do you work in the field of education? (Y/N)</b>			

### I. Name and Information:

<b>Last Name</b>		<b>First Name</b>		<b>M.I.</b>	
<b>Degree</b>		<b>Occupation</b>			
<b>License Type</b>		<b>License State</b>		<b>License #</b>	
<b>Other Credentials</b>					

### II. Home Address/Phone:

<b>Street/Apt. #</b>					
<b>City</b>		<b>State/Province</b>		<b>Zip/Post Code</b>	
<b>Country</b>					
<b>Home Phone</b>		<b>Home Fax</b>		<b>Cell Phone</b>	
<b>Home E-Mail</b>					

**Emergency Contacts:** *In case of emergency, please list two persons you permit us to contact (must be completed):*

<b>Name</b>		<b>Relationship</b>	
<b>Home Phone</b>		<b>Work Phone</b>	<b>Cell Phone</b>

<b>Name</b>		<b>Relationship</b>	
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Home Phone		Work Phone		Cell Phone	
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**III. Work Information:** Only work information will be listed in the directory.

**1. Current Position**

Title					
Name of Organization/Practice					
Address					
City		State/Province		Zip/Post.	
Country					
Work Phone		Work Fax			
Supervisor					
<b>Number of hours per week working with children and families</b>					
Intervention		Assessment		Admin/Reports/Other	

**2. Previous Position**

Title					
Organization/Practice You Worked for Previously					
Address					
City		State/Province		Zip/Post.	
Country					
Work Phone		Work Fax			
Supervisor					

**IV. Professional Qualifications, Training and/or Education** (*please also attach CV*)

**1. Please list all higher education.**

	Institution	Major/Minor	Program Dates	Degree/Credential	License # and Date (if applicable)
1.					
2.					
3.					

**2. Describe other relevant work experiences.**

	Position	Setting	Dates	Duration
a.				
b.				

<b>4. Are you also the parent of a child with special needs? (Y/N)</b>	
<b>Do you also work with other children with special needs? (Y/N)</b>	

**V. DIR®/Floortime™ Training:**

**1. Please list all DIR®/Floortime™ conferences, courses, workshops, or self-study you have undertaken.**

	DIR®/Floortime™ Conference/Course/Workshop/Self Study Title	Dates	Trainer
1			
2			
3			
4			

2. If you have *not* had the opportunity to attend DIR<sup>®</sup>/Floortime<sup>™</sup> conferences, courses, etc., please place an “X” in the box next to all that apply:

a. I will be taking the Greenspan on-line course this Spring (2008)	
b. I have studied DIR <sup>®</sup> /Floortime <sup>™</sup> on my own – readings, seen Training Tapes, etc.	
Please describe	
c. I am interested in a DIR <sup>®</sup> self-study course between now and the summer to prepare for the DIR <sup>®</sup> B Program	
d. I have the opportunity to practice using Floortime <sup>™</sup> with children I currently work with.	
e. I have a short Floortime <sup>™</sup> video clip of myself and a child and a brief vignette to present. <i>Note that it is the participant’s responsibility to obtain the appropriate permission from agency and/or parent. Videos are shown in small group as part of your presentation and return with you. Showing a clip is required.</i>	

3. Mentoring/Supervision

Have you worked with or been mentored/supervised by DIR <sup>®</sup> /Floortime <sup>™</sup> trained professionals? (Y/N) – <i>Not required</i>			
Indicate the following (include peer study groups):			
<b>Name</b>	<b>Setting</b>	<b>Role</b>	<b>Dates</b>

4. What additional training and/or experience have you received in other related disciplines (e.g. infant mental health, child development, sensory integration, occupational therapy, speech pathology, augmentative communication, etc.)

	Related Discipline	Training/Experience
1		
2		
3		
4		

5. Are you trained to use other intervention techniques, e.g., Teacch, ABA, Verbal Behavior, Sonrise, etc. and how much experience do you have with these?

	Intervention Technique	How Much Experience
1		
2		
3		
4		

6. Please tell us how and when you became interested in the DIR<sup>®</sup>/Floortime<sup>™</sup> model.

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7. Please describe all experience you have had working with children with special needs and infant mental health challenges..

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8. Please indicate if and when you started using the DIR<sup>®</sup>/Floortime<sup>™</sup> model or principles with these children. Include description of setting, ages, diagnoses or codes of children, and duration.

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9. Did your work include multi-disciplinary teams? Describe

\_\_\_\_\_

**10. Describe your experience working with the DIR®/Floortime™ model with families.**

\_\_\_\_\_

**11. Do you provide supervision? Please describe:**

\_\_\_\_\_

**12. Do you receive any type of general supervision and/or reflective supervision? (Y/N)**   
**If yes, describe (DIR®/Floortime™, Ed, peer, individual, group, etc.) and indicate the disciplines of two supervisors, names, and duration:**

	Type of Supervision	Supervisor	Duration
1.			
2.			

**13. Describe your goals in participating in the DIR® B Training program and how you hope to integrate it into your work?.**

\_\_\_\_\_

**14. Identify your areas of strength.**

\_\_\_\_\_

**15. Describe the areas you feel need further development (e.g. work with parents and families, sensory processing, developmental challenges, home-school collaboration, group interventions, etc.). Include special interests:**

\_\_\_\_\_

**16. Please list 2 references we may contact**

Name	Phone Numbers	E-Mail Address

**17. Please submit 2 letters of recommendation. Letters can be mailed or sent as an e-mail attachment. You may also be invited to interview by phone.**

*Please sign and date hard copy of completed application printed for mailing to the DIR® Regional Institute:*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Thank you for completing this very long application.  
Please review your responses and be sure you have answered all questions.*