

DIR[®] Beginning (DIR[®] B) Application

DIR[®] Southern California Regional Institute October 2010-May 2011

This application is for those who have completed introductory level courses in the DIR[®]/Floortime[™] 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 . 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.

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

I. Name and Information:

Last Name		First Name		M.I.	
Degree		Occupation			
License Type		License State		License #	
Other Credentials					

II. Home Address/Phone:

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

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

Name		Relationship	
Home Phone		Work Phone	Cell Phone

Name		Relationship	
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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					
Number of hours per week working with children and families					
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.				

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

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®/Floortime™ 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®/Floortime™ on my own – readings, seen Training Tapes, etc.	
Please describe	
c. I am interested in a DIR® self-study course between now and the summer to prepare for the DIR®B Program	
d. I have the opportunity to practice using Floortime™ with children I currently work with.	
e. I have a short Floortime™ 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®/Floortime™ trained professionals? (Y/N) – <i>Not required</i>			
Indicate the following (include peer study groups):			
Name	Setting	Role	Dates

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®/Floortime™ 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®/Floortime™ 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.*