

# 2010 DIR<sup>®</sup> C Returnee

## UPDATE APPLICATION\*

**DIR<sup>®</sup> Southern California Regional Institute  
October 2010- May 2011**

**\* This application is for those returning to DIRC as an advanced candidate. Complete all information even if it has not changed from your last one. If you have completed your presentation of a vignette in the first year, you are to present both a long term case and clinical challenge the second year.**

1. Complete this application online. Send inquiries to [application@pasadenachilddevelopment.org](mailto:application@pasadenachilddevelopment.org)
2. Indicate "DIR C Update Application" in subject line. Be sure to answer **all** questions or indicate N/A where appropriate

Please **mail hard copy of completed and signed application, updated curriculum vita if changed** Send to:

**PCDA**  
620 N. Lake Ave.  
Pasadena, CA 91101  
Attn: DIR-RI

3. Two letters of recommendation can be sent by mail or e-mail to [application@pasadenachilddevelopment.org](mailto:application@pasadenachilddevelopment.org)

Upon your acceptance to the program you will be sent the following:

- Payment Form
- Presentation Guidelines

4. Request your tutor send recommendation by e-mail to [application@pasadenachilddevelopment.org](mailto:application@pasadenachilddevelopment.org)

**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>Last Name</b>		<b>First Name</b>	
<b>Current Tutor(s)</b>		<b>Previous Tutors – Indicate hours/year</b>	

**Applying to: Indicate Yes in relevant box**

<b>DIR<sup>®</sup> C</b>		<b>Institute III</b>		<b>Request Education Group Indicate Y/N</b>	
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**Will be presenting: Be Indicate Yes or No in relevant boxes**

<b>Vignette</b>		<b>Long-Term Case</b>		<b>Clinical Challenge</b>		<b>Write-Up Case – III only</b>	
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**Previous DIR®/FT™ Institutes Attended (Indicate program, year and Faculty in your groups)**

Year	Program	Faculty

**I. Name and Information (send copy of any new license/credential). If you have your final degree and work under a licensed professional in your field, list this person's name and send documentation from them, e.g., Psych Associate, MFT Associate) as well as copy of your degree.**

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

**II. Home Address/Phone (please note that only work addresses will be included in directory)**

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			
Home Phone		Work Phone		Cell Phone	

**III. Work Information**

**1. Current Position**

Title		Date Started			
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	
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**IV. Professional Qualifications, Training and/or Education (also attach updated CV if changed)**

1. Please list any *additional* training, credentials, or licenses obtained since you last attended the DIR<sup>®</sup> Institute.

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

**V. DIR<sup>®</sup>/Floortime<sup>™</sup> Experience Since Last Attending the DIR<sup>®</sup> Institute**

1. Please indicate DIR<sup>®</sup>/Floortime<sup>™</sup> experience since you last attended the DIR<sup>®</sup> Institute.

Number of hours/week providing assessment		Average number of children	
Number of hours/week providing treatment services		Average number of children	
Number of hours/week providing school related services		Average number of children	
Number of hours/week in team meetings/consultations			

2. Please describe the range of challenges you have worked with using the DIR<sup>®</sup>/Floortime<sup>™</sup> model.

Disorder	Year	Setting	Number	Ages	Duration
Regulatory Disorders					
Multi-System Develop. Disorders					
Autism Spectrum Disorders					
Language Disorders					
ADD or ADHD					
Infant Mental Health Disorders					
Other (describe)					

3. Describe all the ways you work with the families, e.g., jointly in sessions, periodic conferences, meetings with parents alone, etc. (Box will expand to accommodate your entry)

**VI. Tutorship**

1. Since your last attendance have you been tutored by DIR<sup>®</sup>/FT<sup>™</sup> trained professionals? (Y/N)

If Yes, please complete the information below. If No, please see #2 below.

Tutor	Discipline	Setting	Dates	# Hrs. Individ.	# Hrs. Group

Please be sure to keep log of all tutoring.

Please describe kinds of cases you have discussed. (Box will expand to accommodate your entry)

2. Did you provide tutorship to others? Please describe for whom and how frequently.

Person Provided Tutorship For	Frequency of Tutorship

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3. If you did not seek tutorship, please explain. We are very interested in understanding why and how else we can be helpful in this process. (Box will expand to accommodate your entry)

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**Note. There may still time to obtain a tutor.**

Do you need assistance? (Y/N)	
Would you like to participate in the monthly calls? (Y/N)	

5. **4.Please request a recommendation from you tutor(s) to be sent by e-mail to [application@pasadenachilddevelopment.org](mailto:application@pasadenachilddevelopment.org) and indicate your consent to for them to speak with us by signing your name below.**

Name	Phone Numbers	E-Mail Address

*Please sign your name and mail with hard copy of completed application.*

Signature	
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## VII. Continuing Education

1. Have you attended any further DIR®/Floortime™ related conferences or courses?

	DIR®/Floortime™ Training Course Title	Dates	Trainer
1			
2			
3			
4			

2. Have you taught any DIR®/FT™ related courses, in-service workshops, or other training? Where? To whom and at what level? Please list below:

Date	Course/Workshop Title	Training Provided For	Level	Location

3. Have you published any DIR®/FT™ related materials? Are you conducting any research?

Title and Type of Publication	Date
Research Study:	

**VIII. What are your main goals for the 2009 DIR® Institute?** (*Box will expand to accommodate your entry*)

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**X. Help us plan our presentations and mini-courses. Please suggest areas you would like us to address at the 2009 Institute.**


**XI. What type of presentations are you planning this year?**

**For Returning DIRC Participants:** Each case you present needs to be different than prior presentations in order to demonstrate a range of experiences at different developmental levels and ages. Please give a brief narrative description of each child you presented. Please include age at start, setting, DMIC primary diagnosis (e.g. regulatory, NDRC, anxiety, etc.), duration, current status. Feel free to cut and paste the descriptions you already provided on previous applications.

<b>Presentation Type</b>	<b>Description</b> ( <i>box will expand to accommodate your entry</i> )
1. Vignette	
2. Challenge	
3. Long Term or Comparison	

**Institute III Participants:**

Are you planning to present your case write-up? (Y/N)

**Comments – Questions** (*box will expand to accommodate your entry*)

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

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

<p style="text-align: center;"><i>Thank you for completing this very long application. Please review your responses and be sure you have answered all question.</i></p>
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