

2010 Floortime Player (FTP) Application

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

This application is for those who have a bachelor's degree and are currently providing Floortime[™] under the supervision of a DIR[®] professional or in a DIR[®] educational setting. The Floortime Diploma is only valid for work performed in educational or clinic settings providing supervision and coverage to FT Players.

1. Complete this application and return by e-mail as an attachment application@pasadenachilddevelopment.org. Indicate "FTP Application" in subject line.
2. Please also mail signed and dated printout of completed application, curriculum vital, and photo. Two letters of recommendation can be sent by mail or e-mail. Send to:

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

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 | |
| Have you attended the FTP program before? (Y/N) | | | |

I. Name and Information:

| | | | | | |
|------------------|--|-------------------|--|-------------|--|
| Last Name | | First Name | | M.I. | |
| Degree | | Occupation | | | |

II. Home Address/Phone:

| | | | | | |
|--------------------|--|-----------------------|--|----------------------|--|
| Street | | | | | |
| 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 Please list all higher education.

| | Institution | Major/Minor | Program Dates | Deg. Granted | Date |
|----|-------------|-------------|---------------|--------------|------|
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |

IV. Experience with Floortime:

1. Current Position

| | | | | |
|---|--|-----------------------|--|------------------|
| Title | | | | |
| Organization/Practice You Currently Provide Floortime Services For | | | | |
| Address | | | | |
| City | | State/Province | | Zip/Post. |
| Country | | | | |
| Work Phone | | Work Fax | | |
| Supervisor | | | | |

2. Previous Positions

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

3. Describe other relevant work experiences.

| | Position | Setting | Dates | Duration |
|----|-----------------|----------------|--------------|-----------------|
| a. | | | | |
| b. | | | | |

4. Mentoring/Supervision

| | |
|---|--|
| Have you worked with or been mentored/ supervised by DIR[®] trained professionals and/or other professionals? (Y/N) | |
| Please describe | |

5. Insurance

| | |
|--|--|
| Is your work covered by your agency's practice insurance? (Y/N) | |
|--|--|

| | | | | | |
|---|--|-------------|--|------------------|--|
| 6. How many children have you done Floortime with? | | Ages | | How long? | |
|---|--|-------------|--|------------------|--|

| | |
|--|--|
| 7. Do you provide Floortime to children outside of your work setting? (Y/N) | |
|--|--|

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|--|--|
| 8. Can you provide a short video clip showing your Floortime with a child or children to present at the Institute?*(Y/N) | |
|--|--|

** Note: It is up to you to obtain the appropriate written permission.*

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|---|--|
| 9. Have you attended the DIR[®] Institute before? (Y/N) | |
| If Yes, indicate year(s) attended | |
| Who were your faculty leaders? | |

V. DIR[®] Training:

1. Please list all Conferences, Courses, Workshops, or self-study you have undertaken.

| | Conference/Course/Workshop/Self Study Title | Dates |
|---|--|--------------|
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |

2. 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 | | |

VI. Other Information

| | |
|---|--|
| 1. Please tell us how and when you became interested in the DIR[®] model. | |
|---|--|

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|---------------------------------------|--|
| 2. What are your career goals? | |
|---------------------------------------|--|

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|--|---|
| 3. Are you a parent who has used Floortime with your child? (Y/N) | |
| How long? | Did you work with trained DIR[®] professionals? (Y/N) |

| | |
|--|--|
| 4. Are you a parent who has helped other families do Floortime? (Y/N) | |
| How many other children have you worked with? | |
| Please describe | |

VII. Please attach a description of a recent Floortime session you have had with one child (no longer than one page).

VIII. Please submit 2 letters of recommendation. Letters can be mailed or e-mailed. List the names, phone numbers and e-mail addresses below if you give us consent to contact them.

| Name | Phone Numbers | E-Mail Address |
|-------------|----------------------|-----------------------|
| | | |
| | | |

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

Signature: _____ **Date:** _____

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| <p><i>Thank you for completing this application. Please review your responses and be sure you have answered all questions</i></p> |
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