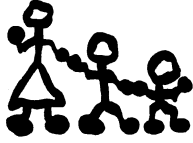


## Incredible Years



### APPLICATION FORM FOR CERTIFICATION AS A CHILD DINOSAUR GROUP LEADER

NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Zip: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK: \_\_\_\_\_

E-Mail: \_\_\_\_\_

OCCUPATION \_\_\_\_\_

COURSE(S) TAKEN IN CHILD DEVELOPMENT \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please attach a 1-page letter describing:

- Your experience with preschool and early school age children:
- Your experience with parents.
- Your experience with groups. (Number of groups conducted, age of children, place group offered etc.)
- Your goals, plans, philosophy of working with children.

Please provide two letters of reference attesting to your clinical skills in working with children. (preferably from someone who is familiar with your work with the Dinosaur Curriculum.)

This form must accompany your submission of a videotape for review.