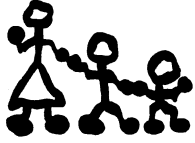


Incredible Years



APPLICATION FORM FOR CERTIFICATION AS A CLASSROOM CHILD DINOSAUR GROUP LEADER

NAME: _____

HOME ADDRESS: _____

_____ Zip: _____

HOME PHONE: _____ WORK: _____

Email: _____

OCCUPATION _____

MONTH/YEAR OF DINOSAUR TRAINING: _____

TRAINER: _____

COURSE(S) TAKEN IN CHILD DEVELOPMENT _____

Please attach a 1-page letter describing:

- ▼ Your experience teaching preschool and early school age children:
- ▼ Your experience with parents.
- ▼ Your goals, plans, philosophy of teaching.

Please provide two letters of reference attesting to your teaching skills.
(preferable someone who is familiar with your work with the Dinosaur Curriculum.)

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

The Incredible Years 1411 8th Avenue West Seattle WA 98119 USA www.incredibleyears.com

Send completed materials to:
Incredible Years Certification Committee
1411 8th Avenue West Seattle, WA 98119 USA