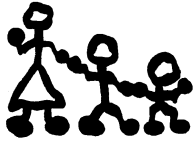


## Incredible Years



### APPLICATION FORM FOR CERTIFICATION AS A GROUP LEADER OF TEACHER CLASSROOM MANAGEMENT PROGRAM

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

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

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

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

WORK: \_\_\_\_\_

Email: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

MONTH/YEAR OF CLASSROOM MANAGEMENT  
OR DINA TRAINING: \_\_\_\_\_

TRAINER: \_\_\_\_\_

MONTH/YEAR OF PARENT GROUP TRAINING OR ACCREDITATION  
AS PSYCHOLOGIST, SCHOOL COUNSELOR, OR TEACHER:

\_\_\_\_\_

**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 Incredible Years Programs)**

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

**The Incredible Years 1411 8<sup>th</sup> Avenue West Seattle WA 98119**

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

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