

## 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.