

APPLICANT NAME: _____

**APPLICATION FOR ASSESSOR/OBSERVER POSITION
QUALITYstarsNY FIELD TEST**

Mailing Address	
City	
County	
State, Zip Code	
Telephone number(s)	
E-mail address	
Highest degree & field (diploma, degree, or certificate)	
Most recent position specifically related to early childhood care and education	Title: Major duties: Start date: _____ End date: _____
ERS instruments used during the past 24 months	Instrument(s) used – please check all that apply: <input type="checkbox"/> ECERS-R <input type="checkbox"/> ITERS-R <input type="checkbox"/> FCCERS-R Approximate total number of ERS observations conducted: _____ Purpose(s) of ERS observations/assessments – please check all that apply: <input type="checkbox"/> Research project <input type="checkbox"/> Quality assessment & improvement project <input type="checkbox"/> Performance monitoring <input type="checkbox"/> Other – please describe below:
Most recent experience using an ERS instrument	Dates/Time Period: Employing Agency/Organization (to be called for a reference): Contact Person: _____ Address: _____ _____ Telephone Number: _____ E-mail address: _____

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ERS training	Most recent year trained in using an ERS instrument: _____ Person/Organization providing training: Approximate length of training in hours: _____ Did the training assess inter-rater reliability? <input type="checkbox"/> Yes <input type="checkbox"/> No
Inter-rater reliability	When did you last participate in inter-rater reliability assessment? _____ Person/Organization conducting your last inter-rater reliability assessment:
Experience with other early childhood observation tools	<input type="checkbox"/> Supports for Early Literacy Assessment (SELA) <input type="checkbox"/> Program for Infant/Toddler Care Program Assessment Rating Scale (PITC PARS) <input type="checkbox"/> Other (Please describe):
Availability	In which of the NYS counties are you available to conduct observations & assessments? (Please check all that apply) <input type="checkbox"/> Albany <input type="checkbox"/> Broome <input type="checkbox"/> Chemung <input type="checkbox"/> Clinton <input type="checkbox"/> Erie <input type="checkbox"/> Franklin <input type="checkbox"/> Kings <input type="checkbox"/> Monroe <input type="checkbox"/> Nassau <input type="checkbox"/> New York <input type="checkbox"/> Onondaga <input type="checkbox"/> Queens <input type="checkbox"/> Rockland <input type="checkbox"/> Suffolk <input type="checkbox"/> Westchester Do you expect any substantial periods of time between February and May when you would not be available to conduct observations & assessments? (Please describe) Do you have access to an automobile if needed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Language	Please list languages you speak fluently:
Other Relevant Information	Please describe any other relevant qualifications, training, or experience:

PLEASE SEND THIS APPLICATION ALONG WITH YOUR RESUME, INCLUDING REFERENCES, AND A COVER LETTER BY FEBRUARY 5, 2010, TO:

Ola Friday
NYC Early Childhood Professional Development Institute
The City University of New York
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New York, New York 10001
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