

**Early Steps Certification of Experience Form**

Early Steps, Florida’s early intervention system, requires that an individual seeking approval as a provider of early intervention services meet state requirements. You have been identified by the applicant below as having first-hand knowledge of his/her professional work experience with infants and toddlers (birth to five) who have special needs and/or developmental delays and their families. Please complete this form and return it to the applicant.

Applicant’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_

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1. Provide a detailed description of the applicant’s role and job responsibilities which support the required hands-on experience. Additional information may be attached as needed and must be signed and dated by the individual completing the form. Job descriptions are not acceptable. If applicable, time spent in a practicum or internship, up to 400 hours, may apply toward the total amount of required hands-on experience. All other experience must be professional, post-degree experience. Volunteer work is not considered professional experience.
2. Provide the dates and the number of hours per week for which the applicant worked in the described role above.

\_\_\_\_\_/\_\_\_\_ to \_\_\_\_\_/\_\_\_\_ Hours per week: \_\_\_\_\_\_\_

Month/ Year Month/ Year

3. What was your working relationship to the applicant during the dates above?

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*Please Print*

Respondent’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Street City State Zip Code

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Agency/Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_