Early Steps Certification of Experience Form

Early Steps, Florida's Early Intervention Program (IDEA, Part C), requires that candidates for approval as providers of early intervention services have one year of applicable experience. You have been identified by the applicant below as a reference for the required experience.

Applicant's Full Name: _____ _____ _____
Please Print *Last* *First* *MI*

Please complete this certification by answering the questions below based on your professional knowledge of the applicant and return the document to the applicant to include with his/her other required documentation for the provider approval process.

1. Describe applicant's experience in early intervention with hands-on experience including birth to 5 year-old children with special needs and/or developmental delays and their families. Time spent in a practicum or internship situation (up to 400 hours) may apply toward the 1600 hours of hands on experience. (Please attach additional pages as needed)

2. Provide the dates in a month/year format for which this applicant worked in the above capacity:

_____ _____ to _____ _____
month year month year

Name: _____ _____ ____ Title: _____
Last *First* *MI*

Address: _____
Please Print *Street* *City* *State* *Zip Code*

Telephone: _____ Fax: _____ Email: _____

Agency: _____

Signature: _____ Date: _____

Revised 2/08