



Application to Become a Director Mentor

LAST NAME	FIRST NAME	MIDDLE INITIAL
STREET ADDRESS (HOME)	CITY, ZIP	
HOME PHONE (AREA CODE AND NUMBER)	BEST TIME TO REACH YOU	
EMAIL	CELL PHONE (AREA CODE AND NUMBER)	

Are you currently employed as a director or site supervisor? Yes No

IF NO, please answer the following and proceed to page 4:

How long has it been since you were employed in this job category? years months

Are you employed in another position? Yes No If Yes, in the ECE field? Yes No

If Employed, Job Title Agency Where Employed

IF YOU ARE CURRENTLY EMPLOYED AS A DIRECTOR OR SITE SUPERVISOR, please answer the following:

How long have you held your current position? Years Months

NAME OF YOUR CENTER/FCC		JOB TITLE
WORK ADDRESS		
CITY	ZIP	EMAIL ADDRESS
WORK PHONE (AREA CODE AND NUMBER)		BEST TIME TO REACH YOU
HOURS YOUR PROGRAM OPERATES DAILY	AGES OF CHILDREN SERVED	NUMBER OF CHILDREN SERVED

If you have a supervisor, what is that person's name and title?

Do you currently have a Mentor Teacher on your staff? Yes No

If yes, what is the Mentor's name?

PROGRAM INFORMATION

DSS License# Effective Date License Type: Center Family Child Care

Licensed Capacity by Age: Infant Preschool School Age

Title 5 Contract description
(e.g. State Preschool, General Child Care, Migrant, etc.)

License Exempt: Yes No If yes, please explain reason for exemption:

Does your program (site) participate in your County's Quality Rating Improvement System (QRIS) Yes No

If yes, has your program (site) been rated yet? Yes No If yes, what is your rating tier: 1 2 3 4 5

SUPERVISOR'S AGREEMENT FOR CANDIDATE TO PARTICIPATE IN THE CALIFORNIA EARLY CHILDHOOD MENTOR PROGRAM

(In cases where the applicant is the Executive Director and/or has no supervisor, the Board of Directors president or equivalent may complete this agreement.)

I agree to support the application of this candidate to be considered as a Director Mentor, with the full understanding that such application may involve a formal outside assessment of the program using Harms and Clifford rating scales (ECERS-R / ITERS-R / SACERS / FCCERS-R), Program Administration Scale (PAS) or other appropriate instruments.

I am aware that Director Mentors may receive stipends for providing technical assistance to directors of other programs. Mentoring activities will be conducted without disruption to the Director Mentor's current job responsibilities, and will occur outside of regular work hours if necessary. Should this candidate be selected, I agree to support the Director Mentor in the performance of his or her duties.

I agree to provide salary information to the Mentor Program that will be analyzed confidentially and reported in aggregate only, with no identification of my program.

Signature	Date
Name and title (please print)	

Program Type

Please select the **ONE** description that **best** fits your program:

Programs subsidized in full or in part by funds administered by the Child Development Division, California Department of Education. Funding sources include the State Preschool Program, Alternative Payments, General Child Development Program, Federal Child Care and Development Fund, and Title IV-A At Risk funds.

Head Start Programs and other programs serving income-eligible children.

Programs serving children in their primary languages of Spanish, Chinese, Vietnamese, etc., or that have a teacher who is multi-lingual, multi-cultural, or who demonstrates expertise in a particular area of local need (infants and toddlers, exceptional needs children, etc.).

Programs that are willing and able to serve low-income children subsidized by funds administered by CDD through Alternative Payments.

Programs representative of the region's diversity of program type (school-age, infant and toddler, High Scope, Montessori, family day care, etc.).

Please describe any additional characteristics of your program or programs you have worked in, that contribute to your specific expertise as a director (e.g., parent co-op, private foundation support, flexible hours):

Briefly describe, in your own words, your program's goals and philosophy:

Quality Review

Completion date of the last quality assessment of your program

Please indicate the quality assessment criteria used:

Harms & Clifford scales

NAEYC Accreditation

EPS

PRISM

BAS

PAS

Desired Results

Other (please specify)

The results of this quality assessment (or a summary of these results) must be submitted with this application, unless they are already on file with the Mentor Selection Committee.

Please describe how the challenges identified in the last quality review have been, or are being, addressed (use the writeable PDF function or attach an additional page if necessary):

Program Quality Assessment

In addition to this written application, the Mentor Program requires applicants to demonstrate their knowledge and use of best practices in ECE management and leadership. The **Program Administration Scale** is appropriate for center-based administrators and the **Business Administration Scale** is appropriate for Family Child Care Home owner/operators. Every applicant must conduct a self-assessment, prepare documentation for a limited number of items, and participate in an interview with two Selection Committee Members. Applicants may choose which Scale to use. Because the assessment focuses on current practice, any applicant who does not currently work as an administrator should contact the Coordinator or the Mentor Program College or Region to which you plan to apply to discuss alternatives.

Please see the instructions that accompany this application to prepare for your in-depth interview based on one of the two Administration Scales for child development programs. If you have not already received a copy of the appropriate book from the Mentor Program, please contact us at 510-723-7100 or info@ecementor.org.

Please list the items from the Program Administration Scale (PAS) or Business Administration Scale (BAS) about which the Selection Committee will interview you when they visit your workplace. You must list **seven** items. You may contact the Mentor Program Coordinator to request assistance with this process. You will be assessed only on the items you list:

The assessment tool I will use:

Program Administration Scale (PAS)

Business Administration Scale (BAS)

The **SEVEN** items I have chosen are listed below. I understand that I will be interviewed about these items and that I am responsible to prepare documentation that will be shared with Selection Committee Members during that interview.

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.

Experience

List your previous relevant work experience (in order of most recent first). Use the writeable PDF function or attach additional pages if necessary. ***A résumé may be submitted in lieu of this section.***

ORGANIZATION		
ADDRESS		
CITY	ZIP CODE	DATES EMPLOYED
PHONE	SUPERVISOR'S NAME	
JOB TITLE		
JOB DESCRIPTION		
REASON FOR LEAVING		

ORGANIZATION		
ADDRESS		
CITY	ZIP CODE	DATES EMPLOYED
PHONE	SUPERVISOR'S NAME	
JOB TITLE		
JOB DESCRIPTION		
REASON FOR LEAVING		

ORGANIZATION		
ADDRESS		
CITY	ZIP CODE	DATES EMPLOYED

PHONE	SUPERVISOR'S NAME
JOB TITLE	
JOB DESCRIPTION	
REASON FOR LEAVING	

Academic Education

List relevant academic achievements in early childhood education or child development programs. ***A résumé may be submitted in lieu of this section.***

Please include an official transcript verifying three to six semester units in administration and/or supervision.

NAME OF COLLEGE OR SCHOOL		DATES ATTENDED
TITLE OF MAJOR OR CERTIFICATE PROGRAM		
DEGREE OR CREDENTIAL EARNED		
DATE RECEIVED	TOTAL (QUARTER UNITS)	TOTAL (SEMESTER UNITS)

NAME OF COLLEGE OR SCHOOL		DATES ATTENDED
TITLE OF MAJOR OR CERTIFICATE PROGRAM		
DEGREE OR CREDENTIAL EARNED		
DATE RECEIVED	TOTAL (QUARTER UNITS)	TOTAL (SEMESTER UNITS)

NAME OF COLLEGE OR SCHOOL		DATES ATTENDED
TITLE OF MAJOR OR CERTIFICATE PROGRAM		
DEGREE OR CREDENTIAL EARNED		
DATE RECEIVED	TOTAL (QUARTER UNITS)	TOTAL (SEMESTER UNITS)

Professional Activities

Please list any current or past professional affiliations and/or activities. Please describe any activities that demonstrate your leadership experience in community development, advocacy or public policy. ***A résumé may be submitted in lieu of this section.***

Personal Statements

Please describe any prior experience as either a mentor or a protégé:

Indicate briefly why you wish to be a Mentor to other directors and why you think you would be successful in this role. Please discuss unique experiences, education, and background you feel would strengthen your effectiveness as a Director Mentor—linguistic abilities, cultural or ethnic characteristics, special training, etc. (Use more paper if necessary, but no more than two typed pages.)

References

Please provide the names, titles and phone numbers of at least five persons (two program staff, one parent of a child in your program, one college early childhood faculty member and one director/peer) who can attest to your overall competence as a director, your potential to be an effective Director Mentor and your specific areas of expertise, etc.

Program staff

NAME		TITLE	
AGENCY		ADDRESS	
WORK PHONE	HOME PHONE		EMAIL ADDRESS

NAME		TITLE	
AGENCY		ADDRESS	
WORK PHONE	HOME PHONE		EMAIL ADDRESS

Parent

NAME		TITLE	
AGENCY		ADDRESS	
WORK PHONE	HOME PHONE		EMAIL ADDRESS

Director/peer

NAME		TITLE	
AGENCY		ADDRESS	
WORK PHONE	HOME PHONE		EMAIL ADDRESS

An individual whom you have mentored or who mentored you, formally or informally

NAME		TITLE	
AGENCY		ADDRESS	
WORK PHONE	HOME PHONE		EMAIL ADDRESS

Other (you may submit additional names here)

NAME		TITLE	
AGENCY		ADDRESS	
WORK PHONE	HOME PHONE		EMAIL ADDRESS

Note: The Selection Committee reserves the right to require additional documentation.