

APPLICANT NAME: \_\_\_\_\_

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

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

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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 19, 2010, TO:**

**Ola Friday**  
**NYC Early Childhood Professional Development Institute**  
**The City University of New York**  
**101 West 31st Street, 7th Floor**  
**New York, New York 10001**  
[Ola.Friday@mail.cuny.edu](mailto:Ola.Friday@mail.cuny.edu)