# Early Childhood Services Division

## Early Childhood Training/Professional Development Equivalencies Request Coversheet

Children Youth & Families Department

| Contact Information |
|---|
| Name:_____ Date: _____ |
| Address: _____ |
| Contact phone #:_____ Email address _____ |

| Program Information | |
|---|---|
| Early Childhood Program Name/Address:<br>_____<br>Position: _____<br>Years of Experience: _____ | Program STAR Level<br>☐ 2 STAR ☐ 3 STAR ☐ 4 STAR ☐ 5 STAR<br>STAR Level pursued (if applicable) _____ |
| Age Group (check all that apply):<br>☐ Prenatal ☐ Infant/Toddler ☐ Pre-School ☐ Early Pre-K ☐ Pre-K ☐ School Age | |

| Equivalency Information | |
|---|---|
| Equivalency Requested: _____<br>Level: _____ | College/University/Training attended:<br>_____<br>Degree(s)/ credits/certificate(s) earned<br>_____<br>(Attach documents to be considered) |

| Additional Information |
|---|
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**To be completed by the Office of Child Development**

| Determination | | | | |
|---|---|---|---|---|
| Equivalency Determined | Letter Sent (date/initials) | Need Information | Partial Equivalency | Additional Training/Credits |
| | | | | |

Official Signature:_____ Position:_____ Date: _____

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