

Pennsylvania  
School-Age Professional Credential

Assessment Visit  
Request Form



# Pennsylvania School-Age Professional Credential

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## Assessment Visit Request Form

By submitting this form to the credentialing agency, you are initiating the final step in the SAC Credential process. Upon satisfactory review of this form, a School-Age Credential Assessor (SAC Assessor) will be assigned. The SAC Assessor will contact you to schedule his/her observation and the Local Assessment Review Meeting.

Please complete all parts of this form. Incomplete requests will result in a delay in the assignment of a SAC Assessor.

Send completed forms, with payment of \$60, to:

PA Key  
200 N. Third St, 2<sup>nd</sup> Floor  
Harrisburg, PA 17101  
ATTN: SAC Credential

## PART 1: CANDIDATE INFORMATION

Date of Request		
First Name	Middle Initial	Last Name
Social Security Number (Last four digits) XXX – XX -- _____	Birth Date (example: 06/05/1980) ____ / ____ / ____ Month      Day      Year	
HOME ADDRESS		
Street		
City/Town	State	Zip
Phone	Email	
WORK ADDRESS		
Program Name		Facility Number
Street		
City/Town	State	Zip
Telephone	Fax	

### FORMAL EDUCATION

Candidate must document a total of 120 clock hours, within the past 5 years, with no fewer than 10 clock hours in each of the areas listed below. Candidate must submit official professional development documentation in the form of an official letter (on letterhead), certificate, or transcript from the professional development organization or institution.

Documentation must include the number of clock hours, content area, date of professional development session, name and address of professional development organization and authorized signature.

Content Areas	# of hours
1. Planning a safe, healthy, learning environment.	
2. Steps to advance physical and intellectual development.	
3. Positive ways to support children's social, emotional development and provide positive guidance.	
4. Strategies to manage an effective program responsive to participant needs.	
5. Strategies to establish positive and supportive relationships with families.	
6. Maintaining a commitment to professionalism.	

Please indicate if you received college credits for the hours.  YES  NO

If yes, how many credits? \_\_\_\_\_

## CANDIDATE VERIFICATION

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Following are dates I am **NOT** available for observation by the SAC Assessor or for the Local Assessment Review Meeting.

Date 1: \_\_\_\_\_ Time: \_\_\_\_\_

Date 2: \_\_\_\_\_ Time: \_\_\_\_\_

Date 3: \_\_\_\_\_ Time: \_\_\_\_\_

Circle your responses to the following questions:

1. My program operates year-round	YES	NO
If no, then identify the date your program closes. My program ends on:		
2. Setting (select one): <input type="checkbox"/> Center (before and/or after school) <input type="checkbox"/> Family Provider <input type="checkbox"/> School-based (before and/or after school)		
3. I am at least 18 yrs. age and have a High School Diploma or GED.	YES	NO
4. I verify that I have completed my Professional Development Plan.	YES	NO
5. I verify that I have completed my <i>Portfolio</i> and <i>Resource File</i> as documentary evidence as a school-age care professional. All dates are within 12 months of the date of this request form.	YES	NO
6. I have included the required information documenting that I have completed the required 120 contact hours of professional development.	YES	NO
7. I have been observed by my Advisor within the past six (6) months working as lead teacher with school-age children.	YES	NO
8. I have included the assessment processing fee of \$60.00 and understand that this fee is non-refundable and non-transferable.	YES	NO

*I am ready for the SAC Assessor to conduct the Local Assessment Review Meeting including an Observation by the SAC Assessor, Oral Interview, and review of documentation.*

\_\_\_\_\_  
Candidate signature

\_\_\_\_\_  
Date

## PART 2: ADVISOR INFORMATION

First Name	Middle Initial	Last Name
HOME ADDRESS		
Street		
City/Town	State	Zip
Home Phone	Email	
WORK ADDRESS		
Street		
City/Town	State	Zip
Work Phone	Work Fax	

I verify that:

- The Candidate has completed his/her *Portfolio* and *Resource File* according to the guidelines and all entries are dated within 12 months of this form.
- I have completed one observation (within the past 6 months) of the Candidate working as lead teacher with school-age children and have completed the *Observation Instrument* documenting what I saw.
- I have given my completed observation to the Candidate in a sealed envelope to be submitted to the SAC Assessor at the Local Assessment Review Meeting.
- I have no conflict of interest as described in the Advisor Instructions.
- Following are dates I am NOT available for a conference call with the SAC Assessor.

Date 1: \_\_\_\_\_ Time: \_\_\_\_\_

Date 2: \_\_\_\_\_ Time: \_\_\_\_\_

Date 3: \_\_\_\_\_ Time: \_\_\_\_\_

\_\_\_\_\_  
Advisor signature

\_\_\_\_\_  
Date

## PART 3: PARENT COMMUNITY REPRESENTATIVE INFORMATION

First Name	Middle Initial	Last Name
HOME ADDRESS		
Street		
City/Town	State	Zip
Home Phone	Email	
WORK ADDRESS		
Street		
City/Town	State	Zip
Work Phone	Work Fax	

- I have completed one observation of the Candidate working with children and have completed the *Parent/Community Representative Observation Instrument* documenting what I saw.
- I have given my completed observation to the Candidate in a sealed envelope to me submitted to the SAC Assessor at the Local Assessment Review Meeting
- I have collected and tallied the Family Questionnaires.
- I have given the tally sheet and all Family Questionnaires to the Candidate, in a sealed envelope, to be submitted to the SAC Assessor at the Local Assessment Review Meeting.
- I have no conflict of interest as described in the Parent/Community Representative Instructions.
- Following are dates I am NOT available for a conference call with the SAC Assessor.

Date 1: \_\_\_\_\_ Time: \_\_\_\_\_

Date 2: \_\_\_\_\_ Time: \_\_\_\_\_

Date 3: \_\_\_\_\_ Time: \_\_\_\_\_

\_\_\_\_\_  
Parent/Community Representative signature

\_\_\_\_\_  
Date

## PART 4: DIRECTOR/SUPERVISOR INFORMATION

First Name	Middle Initial	Last Name
HOME ADDRESS		
Street		
City/Town	State	Zip
Home Phone	Email	
WORK ADDRESS		
Program		
Street		
City/Town	State	Zip
Work Phone	Work Fax	

I verify that:

- I verify that the candidate's personnel file contains documentation of the candidate's high school diploma/G.E.D. (or higher).
- I verify that the candidate has completed a Professional Development Record (PDR).
- I authorize the credential assessment visit by the SAC Assessor on any dates except those listed above.
- I confirm that the Candidate has arranged space for the SAC Assessor to gather his/her materials following the observation, for the interview, and for the Local Assessment Team Meeting. This space is in a location that is quiet and free from interruption. The space available is  
\_\_\_\_\_
- I confirm that the Candidate has arranged for staff coverage to fulfill his/her child supervision responsibilities during the interview and Local Assessment Team Meeting.
- I understand the purpose of the SAC Credentialing process to be an evaluation of the Candidates competence and therefore confidential. I further understand that the credentialing process is not assessing the program and that no evaluations or comments will be made about the program.

\_\_\_\_\_  
Program Director/Supervisor signature

\_\_\_\_\_  
Date

Credential Agency Use Only

Date received:	Date SAC Assessor assigned:
SAC Assessor:	

