

Eligibility Assessment Form

HS University
P.O. Box 2482
Cordova, TN 38088-2482
Phone: 1-888-282-7817
Fax: (901) 748-0297

This form must be completed during the initial program enrollment. All candidates seeking a credential or license must meet the eligibility requirement listed in this handbook. You may fax this information along with your candidate application to (901) 748-0297.

Date: _____

Student ID: _____

Student Name: _____

Email: _____

Credential: _____

Employment History:

Agency	Job Title	Date	Verified
1.			
2.			

Education History:

Degree	Date	Field	Verified
1.			
2.			
3.			

Course/Training

Agency	Job Title	Date	Verified
1.			
2.			
3.			

Eligibility Assessment Form

1. Have you worked in a Head Start program for 2 or more years? If no, what did you do prior to working in Head Start?

2. How long have you worked in the content area?

3. How do you rate your verbal skills?

1 – Excellent 2 - Good 3 - Bad

4. How do you rate your written communication skills?

1 – Excellent 2 - Good 3 - Bad

5. What would you like to do with your credential or license when completed?

6. Do you plan to seek a higher position in your content area? At work? Nationally?

7. Write a brief description of your current job duties.

For Office Use Only: Requirements

Employment: ___ met ___ not met Education: ___ met ___ not met

Training: ___ met ___ not met

Comment: