



## Early Steps Certification of Experience Form

Early Steps, Florida's early intervention system, requires that an individual seeking approval as a provider of early intervention services meet state requirements. You have been identified by the applicant below as having first-hand knowledge of his/her professional work experience with infants and toddlers (birth to five) who have special needs and/or developmental delays and their families. Please complete this form and return it to the applicant.

Applicant's Name: \_\_\_\_\_  
Last First MI

1. Provide a detailed description of the applicant's role and job responsibilities which support the required hands-on experience. Additional information may be attached as needed and must be signed and dated by the individual completing the form. Job descriptions are not acceptable. If applicable, time spent in a practicum or internship, up to 400 hours, may apply toward the total amount of required hands-on experience. Volunteer work is not considered professional experience.

2. Provide the dates and the number of hours per week for which the applicant worked in the described role above.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_\_ Hours per week: \_\_\_\_\_  
Month/ Year Month/ Year

3. What was your working relationship to the applicant during the dates above?

\_\_\_\_\_

*Please Print*

Respondent's Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Last First

Address: \_\_\_\_\_  
Street City State Zip Code

Telephone: \_\_\_\_\_ Agency/Organization: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_