



Customer # _____ K# _____

The Devereux Early Childhood Assessment Clinical Form (DECA-C) Customer Qualifications Y

Please complete this form, then scan & email to Rudee Abello at Rudee.Abello@devereux.org

Name/Degree: _____
Organization Name: _____ Job Title: _____
Telephone: (____) _____-_____ E-mail (optional): _____
Address: _____
City: _____ State: __ Zip: _____ Country: _____

DECA-C Users need to have *one* of the following (please check the first one that applies to you and fill out the licensure/degree information):

Have a professional license*
License/Certificate: _____ State: _____
Licensing/Certifying Agency: _____
Number: _____ Expiration Date: _____

-or-

Have a degree* from a 4-year college or university and graduate level training in assessment
Highest degree earned: _____ Major Field: _____
Year: _____ Institution: _____

Training/Courses completed in assessment:			
Course	Date	Institution	Undergraduate/Graduate
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

-or-

Have a degree* from a 4-year college or university and have a credentialed supervisor (see bottom of page)
Highest degree earned: _____ Major Field: _____
Year: _____ Institution: _____

-or-

Have a degree* from a 4-year college or university, attend a DECA-C training given by a certified trainer, and pass a competency based evaluation at the end of the training
Highest degree earned: _____ Major Field: _____
Year: _____ Institution: _____
Date/Location of DECA-C training and evaluation: _____

*The license or degree must be in a relevant area such as psychology, social work, early childhood education, or special education.

I certify that all information contained in this form is accurate. I certify that I and/or other persons who may use any test materials I order have a general knowledge of measurement principles and of appropriate and ethical test use and interpretation as called for in the Standards of Educational Psychological Testing. I also certify that I/we are qualified to use and interpret the results of these tests as recommended in the Standards, and I assume full responsibility for the proper use of all materials I order from Kaplan Early Learning Company.

Signature X _____ Date _____

For Graduate Students:

As professor/supervisor, I agree to supervise this student's use of items ordered and endorse the statement above.

Professor's Name: _____

Department: _____ Institution: _____

Signature X _____ Date _____