



DIRECTOR AGREEMENT & CHECKLIST

(PLEASE PRINT)

Director's Name:	
Director's Phone Number:	
Director's Email Address:	
Center Name:	
Center Address:	
Center Phone Number:	

How many years of experience does the candidate have in the Early Childhood Field? _____

Do you feel that the candidate is committed to the Early Childhood Field?

___YES

___NO

Will you support the candidate to stay committed to the program and ensure their successful completion? ___YES ___NO

DIRECTOR VERIFICATION OF PROGRAM REQUIREMENTS CHECKLIST

Initials	
	Assure Candidate submit all required documents.
	Review course calendar.
	Assure candidate starts and completes 120 clock hours of Better Kid Care Courses.
	Assure candidate has access to computer and internet.
	Assure candidate is available (during working hours) for virtual observations and coaching.
	Approve all scheduled virtual observations and coaching times.
	Agree to receive update emails regarding candidates' progression in our program.

Director's Signature

Date