

# **Changing Children's Worlds Foundation International Child/Parenting Development Program (ICDP-USA)**

## **Application Form**

Applicant's Name:

Organization:

Title:

Authorizing Supervisor Name:

Authorizing Supervisor Email:

Telephone Number:

Email Address:

Fax Number:

Mailing Address:

1. Briefly describe your family support experience and current role. Please note specific experience you have had in facilitating groups and populations served.
2. Briefly explain your purpose for wanting to be trained in International Child/Parenting Development Program (ICDP-USA) Learning Collaborative.
3. Briefly describe your organization and its readiness to implement ICDP- USA.
4. Briefly describe any special attributes/skills and/or unique experiences that you have in regards to your work with families, i.e. special needs, incarcerated youth or parents etc.
5. List any other organizations/agencies with whom you collaborate and how ICDP- USA might be part of that collaboration.

6. Describe the population you have access to for referrals (please circle the answers):

- a. How many family groups you plan to offer?                      5-9                      10-14                      15-18
- b. How many caregivers would you include in a group?   None                      1-5                      6-10
- c. Age of participating youth?                      Childhood    Teens                      Both
- d. What would be the location/setting of the group?    Agency                      Community Space    Other

### Expectations

*Instructions for completing expectations* - choose the response that best describes your ability to meet that expectation. Please comment on challenges to your ability to meet these expectations and proposed solutions, which must be addressed if *No/Not sure* is selected.

### Each participant will:

*Attend Facilitator Training Workshops (1-3), complete assignments between workshops and prepare to facilitate group-learning sessions.*

\_\_\_\_ Yes    \_\_\_\_ No/Not sure

Challenges and proposed solutions:

*Participate in evaluation and follow-up activities, which include:*

Pre/post, weekly pilot and group learning session evaluations as well as individual journal  
Evaluation of your organization's use of ICDP and the effectiveness of ICDP after implementation  
Periodic coaching and supervision for up to nine months on the implementation of ICDP

\_\_\_\_ Yes    \_\_\_\_ No/Not sure

Challenges and proposed solutions:

*Use the necessary support to participate in the ICDP-USA program, including all events on the attached chart:*

Regular access to and use of e-mail and the internet  
Time to complete each phase assignments  
Time and resources to prepare for and attend training workshops  
Time and resources to prepare and attend the group learning sessions

\_\_\_\_ Yes    \_\_\_\_ No/Not sure

Challenges and proposed solutions:

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### Participant Disclaimer

I am willing to attend and participate in the ICDP-USA Learning Collaborative in its entirety.

**Applicant Signature:**

**Date:**

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NOTE: Applicants may type name and date when submitting electronically from an e-mail account verifying their name.

**Thank you for your interest in this training.**

Please email this completed application to Andrea Johnson at [andrea@changingchildrensworlds.org](mailto:andrea@changingchildrensworlds.org)