

Borough/Division Intake Form

The purpose of this form is to determine an employee's capacity to undertake his/her current responsibilities and participate in an accredited college or university educational program.

① To Be Completed by Applicant

Staff Name: _____

Civil Service Title: _____

Functional Title: _____

Work Location: _____

Length of Time at ACS: _____

Desired Degree: _____

Telephone Number: _____

Email: _____

② Personal Statement To Be Included With Your Intake Form

As prospective applicants for PDP educational support services, you will be evaluated based on the following areas:

- Written personal statement
- Employment history
- Borough leadership's assessment of your capacity to manage current responsibilities and course work in order to receive supportive educational services from PDP
- PDP Intake Interview
- Current Evaluation

Please read these instructions carefully and answer all of the questions outlined below. Please use 12-point type, Times New Roman font, one and a half inch (1½) line spacing and use 1 inch margins all around. Please submit 2-3 full pages of text and include your Name and Reference # in the header and the page number(s) in the footer.

Once your personal statement is drafted, set aside time for review of your responses to ensure that all requirements are met and that all questions have been answered. There should be approximately 2-3 paragraphs per response, the content should flow logically and be free of grammatical errors or typos.

STATEMENT QUESTIONS:

1. What are your aspirations for obtaining this degree?
2. What are your long-term career goals in the field of child welfare, and/or specifically within ACS? Describe how obtaining this degree might help to improve your work with children and families.
3. Describe a situation where your work made a difference in a family's life, whether your efforts were successful or unsuccessful.
4. Winston Churchill stated, "The best policy any nation can have is to put milk in the belly of its babies." What does this statement mean to you?



and forward
to Point Person

3 To Be Completed By Borough/Division Point Person,
Manager and Supervisor:

Name and Title of Point Person: _____

Applicant's Immediate Supervisor

Name and Title: _____

Telephone Number : _____

Length of Time Supervising the Applicant: _____

1. Employee's number of years in current permanent title? _____
Must be two years or more.

2. Does the employee have any pending disciplinary action?
If yes, please explain.

3. When was the staff member's most recent evaluation? (Month/Year) _____
Please attach a copy of the evaluation.

What is the rating of the staff member's last evaluation?

- Outstanding
- Very Good
- Good
- Conditional

4 Practice Behaviors

Please share your assessment of the applicant's competencies in the areas listed below*:

*The number one represents the minimal level of competency and the number five represents the highest level of proficiency.

	1	2	3	4	5
Adaptability/Flexibility/Resiliency					
Professionalism					
Empathy					
Interpersonal and Communication Skills					
Non-judgmental and Respectful, Displays Cultural Competency					
Commitment to Child Welfare Work					
Leadership					

Please provide additional comments which highlight the applicant's ability to balance work and undergraduate/graduate studies.

Point Person Name (Print) _____ Signature _____ Date _____

Manager/Director's Name (Print) _____ Signature _____ Date _____

Borough Commissioner's Initial _____ Date _____

*Children's Corps Competencies 2012 – Fostering Change for Children

Borough/Division Review Form

The purpose of this form is to determine an employee's capacity to undertake his/her current responsibilities and participate in an accredited college or university educational program.

① To Be Completed by Applicant

Staff Name:

Civil Service Title:

Functional Title:

Work Location:

Length of Time at ACS:

Desired Degree:

Telephone Number:

Email:

② Personal Statement To Be Included With Your Review Form

As prospective applicants for PDP educational support services, you will be evaluated based on the following areas:

- Written personal statement
- Employment history
- Borough leadership's assessment of your capacity to manage current responsibilities and course work in order to receive supportive educational services from PDP
- PDP Interview
- Current Evaluation

Please read these instructions carefully and answer all of the questions outlined below. Please use 12-point type, Times New Roman font, one and a half inch (1½) line spacing and use 1 inch margins all around. Please submit 2-3 full pages of text and include your Name and Reference # in the header and the page number(s) in the footer.

Once your personal statement is drafted, set aside time for review of your responses to ensure that all requirements are met and that all questions have been answered. There should be approximately 2-3 paragraphs per response, the content should flow logically and be free of grammatical errors or typos.

STATEMENT QUESTIONS:

1. What are your aspirations for obtaining this degree?
2. What are your long-term career goals in the field of child welfare, and/or specifically within ACS? Describe how obtaining this degree might help to improve your work with children and families.
3. Describe a situation where your work made a difference in a family's life, whether your efforts were successful or unsuccessful.
4. Winston Churchill stated, "The best policy any nation can have is to put milk in the belly of its babies." What does this statement mean to you?



and forward
to Point Person

3 To Be Completed By Borough/Division Point Person,
Manager and Supervisor:

Name and Title of Point Person: _____

Applicant's Immediate Supervisor

Name and Title: _____

Telephone Number : _____

Length of Time Supervising the Applicant: _____

1. Employee's number of years in current permanent title? _____
Must be two years or more.

2. Does the employee have any pending disciplinary action?
If yes, please explain.

3. When was the staff member's most recent evaluation? (Month/Year) _____
Please attach a copy of the evaluation.

What is the rating of the staff member's last evaluation?

- Outstanding
- Very Good
- Good
- Conditional

4 Practice Behaviors

Please share your assessment of the applicant's competencies in the areas listed below*:

*The number one represents the minimal level of competency and the number five represents the highest level of proficiency.

	1	2	3	4	5
Adaptability/Flexibility/Resiliency					
Professionalism					
Empathy					
Interpersonal and Communication Skills					
Non-judgmental and Respectful, Displays Cultural Competency					
Commitment to Child Welfare Work					
Leadership					

Please provide additional comments which highlight the applicant's ability to balance work and undergraduate/graduate studies.

Point Person Name (Print) _____ Signature _____ Date _____

Manager/Director's Name (Print) _____ Signature _____ Date _____

Borough Commissioner's Initial _____ Date _____

*Children's Corps Competencies 2012 – Fostering Change for Children

PDP Applicant Interview Form

① Readiness for Advanced Professional Education

Adaptability/Flexibility/Resiliency

Employee demonstrates ability to adjust to work within a crisis oriented structure, demonstrates ability to juggle multiple demands, demonstrates ability to prioritize workload, demonstrates flexibility in the work environment – adjusting to changes within the work load, expectations and work priorities and demonstrates flexibility in adhering to new policy while also providing information on practical application of policy and protocol.

Professionalism

Employee presents with professional comportment in physical appearance and attire; use of tone and language; treatment of client system with respect and dignity; treatment of peers, colleagues and other staff with mutual respect; and demonstrates ethical behavior in decision-making skills.

Technology

Employee exhibits comfort and skill with using technology and various computer programs to carry out professional and education related activities.

Empathy

Employee demonstrates compassion, concern, kindness and generosity of spirit.

Interpersonal and Communication

Employee is able to speak openly, clearly and expresses self well, uses effective and appropriate vocabulary, and is able to listen to others and objectively considers others' ideas and opinions.

Non-judgmental and Respectful, displays Cultural Competency

Employee demonstrates respect for the cultural, racial, ethnic, and socioeconomic backgrounds of families and operates with humility and respect towards children, families, and other professionals.

Commitment to child welfare work

Employee is aware of his/her role and function within the organization; the organizational mission and his/her purpose within a broader context; demonstrates passion about and commitment to the work (i.e., willing to go above and beyond); demonstrates genuine concern for and desire to work with and help vulnerable children and families; and employee is able to express a sense of commitment to the work (practice, policy, research) within ACS. These indicators are also expressed in how they envision their level of work post-graduation.

Leadership

Employee is resourceful, able to problem solve and make sound decisions; able to identify gaps in the system and provide potential solutions; able to identify talents and skills brought to the workplace; able to collaborate with other stakeholders (within their team or unit and across divisions); and demonstrates a work ethic which strives for excellence.

② Review of Experience

Experience in child welfare or juvenile justice profession:

Knowledge of anticipated field of study:

③ Writing and Language Skills

Overall quality of writing

(Assess fluency, content, grammar, vocabulary and mechanics (i.e., punctuation, spelling):

Overall quality of content

(Assess clarity, logical progression of ideas, fluency, etc.):

Writing Concerns:

Applicant Determination For PDP Educational Services:

PDP Educational Support Services

Services to be provided - check all that apply:

- Field Placement/Internship
- Release Time
- Constructive Action/Capstone Advisement
- Undergraduate Program

Areas of Development to be Recommended (please specify)

Readiness Skills - check all that apply:

- Writing skills
-

- Computer skills
-

- Additional course advisement
-

- Coaching
-

- Other
-

- None

Application for Educational Support Services

Date of Request: _____

Type of Service Needed:

- Field Placement/Internship
- Release Time
- Constructive Action/Capstone Advisement
- Undergraduate Program

① Applicant Information:

Last Name	First Name	M.I.	Employee Reference #
-----------	------------	------	----------------------

ACS Division	Borough Office/Program Name	Work Telephone #
--------------	-----------------------------	------------------

Work Address	City	State	Zip
--------------	------	-------	-----

User ID#	Preferred Email Address	Preferred Contact Phone Number
----------	-------------------------	--------------------------------

Home Address	City	State	Zip
--------------	------	-------	-----

Civil Service or non-competitive title	Functional Title
--	------------------

Indicate your permanent title, if current Civil Service title is provisional	Date of permanent title
--	-------------------------

Date started with ACS:	Distribution #	Work Unit #
------------------------	----------------	-------------

2 Educational/Training:

List all colleges and universities attended, including community college, undergraduate and graduate programs with corresponding dates of graduation. List all non-mandated professional workshops, institutes, conferences, etc. you attended to enhance your professional development. Please attach a copy of your HSLC/STARS and/or Cornerstone professional development transcript.

Name of Institute	Major/Course Title	Degree, Certificate or Credits Earned	Date(s)
Community College, Undergraduate and/or Graduate Programs			
Non-mandated professional workshops, institutes, conferences, etc.			

If you need more space attach additional sheets.

3 Statement of Understanding

Initials

I understand that submission of PDP packet materials does not guarantee release time, field placement or Construction Action/Capstone Advisement from the Agency.

An approved request will allow me to fulfill the educational obligations of my degree/certificate as long as I maintain satisfactory job performance and attendance with respect to my employment with ACS.

I also understand that after I graduate, I am obligated to remain with ACS for the amount of time specified in the contract I signed to be eligible for release time and/or field placement/internship.

Applicant's Signature :

4 Assessment from Immediate Supervisor

Name of Applicant (Print)

Title

To Immediate Supervisor:

Please describe how the employee's participation in this staff development activity will benefit your program and the Agency as a whole. Please assess the applicant's present job performance. Describe how the employee utilizes his/her interpersonal helping skills while working with clients and other ACS staff. Does the employee demonstrate respect, empathy, and genuineness to the clients and other ACS staff?

Supervisor's Name

Phone #

Signature *(Signature verifies acknowledgement of request for field placement/internship only)*

CPM's Name

Phone #

Signature *(Signature verifies acknowledgement of request for field placement/internship only)*

5 Recommendation from Deputy Director

RECOMMENDATION:

- Highly Recommended
- Recommended with Reservation (*Must specify reasons in writing*)
- Recommended

By signing below, I understand that I am recommending the above ACS employee for admission into the ACS Workforce Institute Professional Development Program. In addition, this recommendation does not connote approval for release time or field placement from the agency/division.

Name of Deputy Director (Please Print)

Title

Telephone #

Signature

Date

Location

Division

6 Request for Supervision for Constructive Action/Capstone Advisement for Non-MSW Candidates

Type of Program You Been Accepted To

Expected Date of Graduation

Start Date with ACS

Functional Title

Civil Service Title

ACS Division (Select one):

- DCP FCLS FPS FSS DPPM DECE DFS DAS DYFJ OC GC
- Other _____

Name of Worksite Location

Distribution Number

Unit #

Work Address

Floor

City

State

Zip

User ID #

Work Phone/Cell #

7 Administrative Verification

Borough Commissioner/First Deputy/Program Director's Name

Phone #

Signature *(Signature verifies acknowledgement of request for constructive action/capstone advisement only)*

Financial Scholarship Application

DR. JAMES R. DUMPSON (MASTER'S) NICHOLAS SCOPPETTA (BACHELOR'S)

Date of Request: _____ School Currently Attending: _____

① Applicant Information:

Last Name First Name M.I. Employee Reference #

ACS Division (e.g., DCP) Work Location (e.g., Queens Field Office) Work Telephone #

Work Address City State Zip

User ID# Preferred Email Address Preferred Contact Phone Number

Home Address City State Zip

Civil Service or Non-competitive title Functional Title

Indicate your permanent title Date of permanent title

Date started with ACS: Distribution # Work Unit #

Immediate Supervisor's Name and Title Telephone #

Assistant Commissioner/Program Director's Name Telephone #

2 Educational/Training:

Please list all colleges and universities attended, including community college, undergraduate or graduate programs, and dates of graduation. Include all non-mandated professional workshops, institutes, conferences, etc. you attended within the past two years to enhance your professional development.

Indicate undergraduate or graduate program you are currently attending: _____

Attach a letter from your community college, undergraduate or graduate program verifying you are enrolled, including your GPA.

Name of Institute	Major/Course Title	Degree, Certificate or Credits Earned	Date(s)
Community College, Undergraduate or Graduate Program			
Programs (non-matriculated and matriculated) currently attending			
Other Professional Development Activities (past two years)			

If you need more space, attach additional sheets.

③ Employment History

Attach an up-to-date resume.

④ Personal Statement to be Included with Your Application

Please read these instructions carefully and answer all of the questions outlined below. Use 12-point type, Times New Roman font, one and a half (1½) line spacing, and use 1 inch margins all around. Submit 2-3 full pages of text and include your name and reference # in the header and the page number(s) with the total number of pages in the footer (e.g. Page 1 of 3).

Once your personal statement is drafted, set aside time for review of your responses to ensure that all requirements are met and that all questions have been answered. There should be approximately 2-3 paragraphs per response, the content should flow logically and be free of grammatical errors or typos.

STATEMENT QUESTIONS:

1. How will this degree relate to your work career developments at ACS?
2. Based on your knowledge of the namesake of this scholarship program, what were his most admirable characteristics that led him to be an effective leader and advocate for children and families?
3. Describe a situation where your work (direct service, policy, practice, program development, etc.) made a difference in a family's life.
4. What are the most outstanding challenges or opportunities facing children's services today?

⑤ Professional Development Agreement

The purpose of this agreement is to ensure that all parties (the location director, supervisor, and employee) understand that I, _____, will be afforded the opportunity to complete my professional development program as long as my job performance and attendance at the Administration for Children's Services are exemplary.

I agree to sign a contract in order to be eligible for educational support services. This contract explains that I will continue to work in good faith at the Administration for Children's Services for two years after I graduate. The educational support services offered include up to seven hours of release time and a practicum experience. The purpose of release time is to allow me to be released from my work duties in order to attend classes that are not offered during the evenings or weekends.

In addition, I understand that PDP will arrange my educational assignments and supervision in conjunction with my school. I acknowledge that the school will work with ACS to provide a sound practicum, which may be within any ACS division, or outside of ACS. I understand that all educational assignments are subject to the approval of the Deputy Commissioner of the ACS division in which I currently work and will be based on the organizational needs of the agency.

Applicant's Signature

Date

⑥ Assessment from Immediate Supervisor

Name of Applicant (Print)

Title

To Immediate Supervisor:

Please attach a one page summary or memo responding to the following questions: Describe how the employee's participation in this staff development activity will benefit your program and the agency as a whole. Please assess the applicant's present job performance. Describe how the employee utilizes his/her interpersonal helping skills (demonstrates respect, empathy, and genuineness) while working with clients and other ACS staff. Assess the applicant's ability to manage their workload and academic responsibilities. Describe how this employee demonstrates the potential to be a future leader in the agency.

Supervisor's Name

Phone #

Signature *(Signature verifies acknowledgement of request for field placement/internship only)*

CPM's Name

Phone #

Signature *(Signature verifies acknowledgement of request for field placement/internship only)*

7 Recommendation from Deputy Director

RECOMMENDATION:

- Highly Recommended
- Recommended with Reservation (*Must specify reasons in writing*)
- Recommended

By signing below, I understand that I am recommending the above ACS employee for admission into the ACS Workforce Institute Professional Development Program. In addition, this recommendation does not connote approval for release time or field placement from the agency/division.

Name of Deputy Director (Please Print)		Title	Telephone #
Signature	Date	Location	Division

8 Approval from Assistant Commissioner/Program Director

Name of Applicant (Print)	Title
Assistant Commissioner/Program Director (Print)	Title

RECOMMENDATION:

- Highly Recommended
- Recommended with Reservation (*Please specify reasons in writing*)
- Recommended
- Do Not Recommend (*Please specify reasons in writing*)

I understand that by signing this recommendation, I agree to allow the above employee to take up to seven hours of release time to attend courses and participate in any full-time practicum required to obtain the specified degree, as long as the employee maintains a strong job performance and attendance with respect to his or her employment with ACS.

Name of Borough Commissioner/Program Director or designee		Title
Signature	Date	
Location	Division	Telephone #