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 (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?

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
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.

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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