

CYC-P SUPERVISOR ASSESSMENT

Version 3.1

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This assessment tool includes 38 competency items selected from the *Competencies for Professional Child and Youth Work Practitioners*, which may be accessed free of charge at www.cyccb.org

These competencies articulate the body of knowledge and skills used in child and youth care across a variety of practice settings.

The competencies are organized in five domains:

1. Professionalism
2. Cultural and human diversity
3. Applied human development
4. Relationship and communication
5. Developmental practice methods

For more information and resources to integrate the competencies into your organization, visit www.cyccb.org

The Professional Level CYC Certification is owned by ACYCP and licenced for use by CYCCB.

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The individual below has applied for certification as a Child and Youth Care Professional (CYC-P). The CYC-P designation identifies practitioners that have met the highest standards in the child and youth care profession. Successful candidates are those who demonstrate a full range of knowledge and skills of competent practice.

This supervisor assessment is part of a comprehensive certification process which includes a situational judgment exam, peer references, documentation of education, experience, and training, and a written portfolio.

Thank you for your time invested in honest reflection in assisting the professional development of the applicant.

Mail this completed assessment directly to:

CYCCB Office
1212 Orr St.
College Station TX 77840-6906
(979) 764-7306 CYCcertification@youthworkacademy.org

SECTION 1: CANDIDATE INFORMATION AND AGREEMENT

This section is to be completed by the candidate.

Name

Position

Organization name

Email

Phone

I understand that the information provided on this form will be used in determining my eligibility for certification as a Child and Youth Care Professional (CYC-P) by CYCCB and that it will be maintained as confidential.

I give my permission for my supervisor to release this information and for those involved in the candidate review process to review the information.

I waive my right to review the contents of this assessment and understand that it will be submitted directly to the CYCCB Office by my supervisor.

(Check this box if you are filing this form electronically and cannot provide an electronic signature) Please accept my typed name on the Printed Name line instead of my signature.

Signature

Date

Print Name

SECTION 2: SUPERVISOR INFORMATION AND AGREEMENT

This section is to be completed by the supervisor completing the assessment.

Name

Position

Organization name

Street address

City

State/Province

Zip/Postal code

Email

Phone

I have supervised the applicant for at least a six month period and have extensive, direct knowledge of his or her work.

I have reflected on the applicant's demonstration of the following competencies and, to the best of my knowledge, the information provided in this assessment is accurate and complete.

I have no reason to believe that the applicant has been convicted of any crime(s) that would cause him/her to be denied employment working with children, youth or families.

I understand the assessment results will not be reported to the applicant, agency, or anyone else not involved in the candidate review process. Only aggregated data is used when referenced outside of the reviewing process.

I recommend the applicant for certification.

I do not recommend the applicant for certification at this time.

(Check this box if you are filing this form electronically and cannot provide an electronic signature) Please accept my typed name on the Printed Name line instead of my signature.

Signature

Date

Print Name

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INSTRUCTIONS: Read each statement and fill the spot that corresponds to the frequency of the applicant's demonstration of the knowledge or skills described. Add additional comments as applicable and/or to clarify ratings.

| | VERY FREQUENTLY | FREQUENTLY | OCCASIONALLY | RARELY | NEVER |
|--|-----------------|------------|--------------|--------|-------|
| PROFESSIONALISM | | | | | |
| 1. The applicant demonstrates the ability to give and receive constructive feedback. | | | | | |
| 2. The applicant meets workplace expectations regarding attendance, punctuality, sick and vacation time, and workload management. | | | | | |
| 3. The applicant maintains personal appearance and behavior that reflects an awareness of self as a professional as well as a representative of the organization. | | | | | |
| 4. The applicant demonstrates self care practices as evidenced by recognition of personal strengths, limitations, feelings, and needs and the ability to separate personal from professional issues. | | | | | |
| 5. The applicant conforms to professional ethical standards, principles and values. | | | | | |
| 6. The applicant demonstrates an understanding of proper procedures for reporting and correcting non-compliance. | | | | | |
| 7. The applicant ensures that the views of children, youth, and families are heard and considered regarding decisions that directly affect them. | | | | | |
| CULTURAL AND HUMAN DIVERSITY | | | | | |
| 1. The applicant recognizes and prevents the use of stereotypes. | | | | | |
| 2. The applicant uses appropriate displays of affection and physical contact that reflect sensitivity for individuality, age, development, cultural and human diversity as well as consideration of laws, regulations, policies and risks. | | | | | |
| 3. The applicant communicates with children, youth, families, and co-workers in a manner sensitive to cultural and human diversity. | | | | | |
| 4. The applicant creates environments that respect human diversity in the world (i.e. through arts, diversity of personnel, programs, materials, etc.). | | | | | |
| 5. The applicant demonstrates sensitivity to culture and human diversity in setting appropriate boundaries and limits on behavior, including risk management decisions. | | | | | |

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|---|-----------------|------------|--------------|--------|-------|
| APPLIED HUMAN DEVELOPMENT | | | | | |
| 1. The applicant responds to behavior while encouraging and promoting alternatives for the healthy expression of needs and feelings. | | | | | |
| 2. The applicant designs and implements group work, counseling, and behavior guidance with sensitivity to individuality, age, development, and culture. | | | | | |
| 3. The applicant creates and maintains a safe and growth promoting environment. | | | | | |
| 4. The applicant makes risk management decisions that reflect sensitivity for individuality, age, development, and culture. | | | | | |
| 5. The applicant demonstrates the ability to support development in a broad range of circumstances in different developmental domains and contexts. | | | | | |
| RELATIONSHIP AND COMMUNICATION | | | | | |
| 1. The applicant demonstrates a variety of effective verbal and non-verbal communication skills (i.e. use of silence, active listening, empathy, reflection of feeling, reframing, questioning skills). | | | | | |
| 2. The applicant sets appropriate boundaries and limits regarding behavior using clear and respectful communication. | | | | | |
| 3. The applicant conveys the willingness to form healthy relationships through contact, communication, appreciation, shared interests, attentiveness, mutual respect and empathy. | | | | | |
| 4. The applicant demonstrates personal characteristics that foster and support relationship development. | | | | | |
| 5. The applicant demonstrates an understanding of and ensures that applicable procedures regarding confidentiality, consent for release of information and record keeping are explained and clearly understood by the parent/caregiver and by the child and follows those procedures in a caring and respectful manner. | | | | | |
| 6. The applicant acts as a positive role model in the handling of activities and situations of daily living. | | | | | |
| 7. The applicant sets, maintains and communicates appropriate personal and professional boundaries. | | | | | |
| 8. The applicant develops relationships with children, youth, and families which are caring and purposeful in nature. | | | | | |

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|---|-----------------|------------|--------------|--------|-------|
| 9. The applicant establishes and maintains effective relationships within a team environment. | | | | | |
| 10. The applicant takes responsibility for collective duties and decisions within the team. | | | | | |
| 11. The applicant demonstrates/takes part in building cohesion among team members through participation in team-building initiatives. | | | | | |
| DEVELOPMENTAL PRACTICE METHODS | | | | | |
| 1. The applicant participates in emergency procedures and carries them out in a developmentally appropriate manner. | | | | | |
| 2. The applicant uses health, hygiene and nutrition practices to support healthy development and prevent illness. | | | | | |
| 3. The applicant encourages the participation of children, youth, and families in assessment and goal setting in intervention planning and development of individual plans. | | | | | |
| 4. The applicant demonstrates the ability to teach skills in several domains of leisure activity (i.e. arts, crafts, sports, games, and/or music). | | | | | |
| 5. The applicant provides age and developmentally appropriate privacy and independence for hygiene and bathing. | | | | | |
| 6. The applicant creates an inviting, clean, and well-maintained physical environment, equipment and supplies which positively support activities of daily living. | | | | | |
| 7. The applicant provides clear, coherent, and consistent expectations and sets appropriate boundaries. | | | | | |
| 8. The applicant effectively evaluates and disengages from power struggles. | | | | | |
| 9. The applicant employs genuine relationships to promote positive behavior. | | | | | |
| 10. The applicant demonstrates an understanding of crisis management principles and takes protective steps to avoid unnecessary risks and confrontations. | | | | | |

Additional comments or clarification of ratings: