

**PROGRAM SPECIALIST, EARLY CARE AND EDUCATION –
EARLY EDUCATION PROGRAMS: HEAD START/EARLY
HEAD START
SUPPLEMENTAL QUESTIONNAIRE**

Name: _____

Applicant Information:

The recruitment process for Program Specialist, Early Care and Education – Early Education Programs: Head Start/Early Head Start will include an evaluation of the information you provide on this Supplemental Questionnaire. This questionnaire must be completed and attached to your EdJoin application prior to the position **closing at 3:30 p.m. on the closing date.**

Please include all information when responding to questions including various positions you may have held. You may attach additional pages, if needed, to thoroughly respond to the questions.

1. Please describe your training and experience working with Head Start and/or Early Head Start programs. Include your knowledge and experience in applying the Head Start Program Performance Standards (HSPPS), California Title 22 child care licensing regulations, and other applicable early childhood education program requirements.

Employer: _____

Dates of Employment: _____

Supervisor Name: _____

Phone Number: _____

2. Please describe your experience supporting program quality and continuous improvement in early childhood programs. Include your experience developing, reviewing, and implementing content-area policies and procedures, including those related to education services, and your training or experience with quality assessment tools such as CLASS and ERS.

Employer: _____
Dates of Employment: _____
Supervisor Name: _____
Phone Number: _____

CERTIFICATION

I hereby declare that the statements on this supplemental questionnaire are true and complete to the best of my knowledge. I hereby authorize the RCOE to contact the references listed to verify the information I have supplied. I hereby release from liability all persons and organizations furnishing such information. I understand that the district reserves the right to validate information received on the supplemental questionnaire and that I will be subject to disqualification and/or termination if any statement in this supplemental application is found to be untrue or determined to be misleading.

Name: _____

Signature: _____

Date: _____

This Supplemental Questionnaire must be completed and attached to your Ed-Join application prior to the position **closing at 3:30 p.m. on the closing date.**