

# Florida Interagency Coordinating Council for Infants And Toddlers (FICCIT)

## #1 Applicant Reference Questionnaire

\_\_\_\_\_ (Name of applicant) is interested in being appointed to the Florida Interagency Coordinating Council for Infants and Toddlers (FICCIT). Based on your relationship to this person please rate their ability to serve on this Council by answering the following statements.

(Please circle your rating choice)	Don't Know	Poor	Fair	Good	Exceptional
1. Degree of knowledge of early intervention relative to children who have disabilities or are at risk of developmental delay or disability. (Part C population).	0	1	2	3	4
2. Ability to advocate for young children.	0	1	2	3	4
3. Demonstrated interest in the population Part C serves.	0	1	2	3	4
4. Experience related to this segment of the population	0	1	2	3	4
5. Availability of time to serve on this council	0	1	2	3	4
6. Ability to participate as a team member	0	1	2	3	4
7. Effectiveness in verbally communicating ideas	0	1	2	3	4
8. Degree to which this individual follows through with commitments.	0	1	2	3	4
9. Strength of your recommendation of this individual for appointment to this council.	0	1	2	3	4

Please add any additional comments, which you think, might be pertinent to the Executive Committee of FICCIT when considering this individual for appointment (attach additional pages as needed).

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Your Name \_\_\_\_\_

Relationship to the Applicant: \_\_\_\_\_

Number of Years You Have Known the Applicant: \_\_\_\_\_

May we contact you by telephone? \_\_\_\_\_ Yes, \_\_\_\_\_ NO

If yes, please provide your telephone number (\_\_\_\_\_) \_\_\_\_\_.

# Florida Interagency Coordinating Council for Infants And Toddlers (FICCIT)

## #2 Applicant Reference Questionnaire

\_\_\_\_\_ (Name of applicant) is interested in being appointed to the Florida Interagency Coordinating Council for Infants and Toddlers (FICCIT). Based on your relationship to this person please rate their ability to serve on this Council by answering the following statements.

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3. Demonstrated interest in the population Part C serves.	0	1	2	3	4
4. Experience related to this segment of the population	0	1	2	3	4
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Please add any additional comments, which you think, might be pertinent to the Executive Committee of FICCIT when considering this individual for appointment (attach additional pages as needed).

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Your Name \_\_\_\_\_

Relationship to the Applicant:

Number of Years You Have Known the Applicant: \_\_\_\_\_

May we contact you by telephone? \_\_\_\_\_ Yes, \_\_\_\_\_ NO

If yes, please provide your telephone number (\_\_\_\_\_) \_\_\_\_\_.