

# Children's Bureau Child and Family Services Reviews Consultant Profile Form

November 2006

*(Please Type or Print Legibly)*

Identifying Information		
First Name	Middle Name/Initial	Last Name
Home Address (Street):		
City:	State:	ZIP Code:
Home Phone: (    )	Cellular Phone: (    )	
Organization:		
Title:		
Work Address (Street):		
City:	State:	ZIP Code:
Bus. Phone: (    ) Ext.:	Facsimile: (    )	
E-mail Address:		
Preferred Mailing Address: <input type="checkbox"/> Home <input type="checkbox"/> Work		
Emergency Contact Name:	Relationship:	

Emergency Contact Daytime Phone:	Emergency Contact Evening Phone:
Emergency Contact Cellular Phone:	
<b>Ethnicity/Race</b>	
<p>The checklist below includes Federal race and ethnic classifications as defined by the Office of Management and Budget. Responding to this section of the profile is voluntary. Please note that this information will be used solely to ensure the diversity of the child and family services review teams. Check one category under ethnicity and all that may apply under the race category:</p>	
<b>Ethnicity</b>	<b>Race</b>
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> White
<input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> Black or African American
<input type="checkbox"/> Unknown	<input type="checkbox"/> American Indian or Alaska Native
	<input type="checkbox"/> Asian
	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
	<input type="checkbox"/> Unknown
<b>Gender</b>	
<input type="checkbox"/> Female	<input type="checkbox"/> Male
<b>Language Fluency</b>	
<p>Please indicate your ability to fluently read, speak, or write any of the languages listed below. Applicants indicating fluency in a particular language should be able to conduct interviews and/or read case records in that</p>	

language. (Please check all that apply.)

Language	Read	Speak	Write
Spanish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
French	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chinese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inuit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Japanese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vietnamese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Haitian Creole	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
American Sign Language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Licenses and Accreditations

Please specify in 250 characters or less.

### Education

Please indicate your level of education in the following fields. Check all that apply.

Field	Degree			
	Bachelor's	Master's	Ph.D.	J.D.
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



1.	1. <input type="checkbox"/> Direct Service <input type="checkbox"/> Supervisory <input type="checkbox"/> Management
2.	2. <input type="checkbox"/> Direct Service <input type="checkbox"/> Supervisory <input type="checkbox"/> Management

Agency: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 From (month/year): To (month/year): \_\_\_\_\_  
 Summary of Experience: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Agency: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 From (month/year): To (month/year): \_\_\_\_\_  
 Summary of Experience: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
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Agency: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 From (month/year): To (month/year): \_\_\_\_\_  
 Summary of Experience: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Skills**

Please indicate the areas in which you have demonstrated skills. Check all that apply. If you do not have demonstrated skills in a particular area, please leave the box blank.

<input type="checkbox"/> Interviewing children and families	<input type="checkbox"/> Conducting assessments of
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	engaged in child welfare services		program/agency documentation
<input type="checkbox"/>	Conducting reviews of child welfare services	<input type="checkbox"/>	Facilitating group process
<input type="checkbox"/>	Interviewing community stakeholders, (including child welfare professionals)	<input type="checkbox"/>	Participating as a State Team Member in a Children's Bureau Child and Family Services Review

**Computer Experience**

The review process involves using computers to input data and complete forms. Please check the boxes that most accurately reflect your computer experience.

<input type="checkbox"/>	Never	<input type="checkbox"/>	Occasionally
<input type="checkbox"/>	Frequently	<input type="checkbox"/>	Daily

Based on the definitions below, please indicate your overall computer skill level.

<input type="checkbox"/>	Beginner (Basic word processing, E-mail, Internet)	<input type="checkbox"/>	Intermediate (Data entry using databases and spreadsheets in addition to Beginner skills)
<input type="checkbox"/>	Advanced (Navigating and troubleshooting problems with databases and spreadsheets in addition to Beginner and Intermediate skills)		

**Special Skills**

Please describe any special skills or experience that you bring to the review process (in 250 characters or less, for example, experience in working with special populations or working on child welfare agency quality assurance teams).

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**Professional Biography**

Please insert below a brief one-paragraph **professional** biography (please do not include personal information).

**Travel/Review Week Requirements**

Please indicate your travel availability.

Willing and able to travel to other States to participate in 4 day-long Child and Family Services Reviews (including a willingness to work long hours and to participate in debriefings at the end of each day).

**Special Travel Needs**

Please specify special travel needs, including accommodations and dietary needs.

**Referral Information**

Who referred you to inquire about serving as a consultant? Please provide the referrer's name and telephone number.

Referred by: (Please check one.)

Self \_\_\_\_\_

Children's Bureau \_\_\_\_\_

- Children's Bureau Regional Office \_\_\_\_\_
- National Resource Center \_\_\_\_\_
- National Child Welfare Organization \_\_\_\_\_
- State Child Welfare Agency \_\_\_\_\_
- Other (please specify in 50 characters or less): \_\_\_\_\_

Telephone Number:

**Materials To Submit**

Please submit the following materials by mail to the Child Welfare Reviews Project:

- Consultant Reviewer Profile
- Resume
- One-paragraph Professional Biography

**Child Welfare Review Projects**  
5515 Security Lane, Suite 800  
North Bethesda, MD 20852-5007