

PARENT PORTFOLIO NOTEBOOK

Turning Life Experience into Credentials
Workbook

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Curriculum Vitae/Resume [Your Name]

Address:

Telephone Number:

Date of Birth (optional):

Marital Status (optional):

I. **Specialized Skills** (check all areas where you have expert skills)

- Parent/Professional Collaboration
- Early Intervention
- IFSP's (Individualized Family Service Plan)
- IEP's (Individualized Educational Plan)
- IPP's (Individualized Program Plan)
- ITP's (Individualized Transition Plan)
- Accessing Services (Specify which services: _____)
- In-home Supportive Services (IHSS)
- Transition Services
- SSI/SSP/SSDI
- Regional Center eligibility and services
- Loss and Change
- Parent to Parent Support
- Organizing Parent Support Groups
- Grantwriting
- Public Speaking
- Assistive Technology
- California Childrens Services
- Other (please specify: _____)

Technical Skills:

- | | |
|--|--|
| <input type="checkbox"/> Word Processing | <input type="checkbox"/> Database software (Excel, ACCESS) |
| <input type="checkbox"/> Internet | <input type="checkbox"/> Foreign Language |
| <input type="checkbox"/> Computers and Media | (specify: _____) |

Specialized Skills in progress (please list all areas where you are currently engaged in training or self-learning or "on-the-job" experience)

II. EXPERIENCE WITH PARENT TO PARENT SUPPORTS

PARENT SUPPORT GROUP MEMBERSHIPS

Parent Support Groups meet on a consistent basis and focus on providing education and emotional support to members of the group. Common reasons for groups to form and/or exist are: common language (e.g., Spanish Speaking Down Syndrome Support Group); specific disability (Fragile X Association of So. Cal); education/information/advocacy (e.g., Self Advocates Empowered); emotional support (e.g., MLK NICU Parent Support Group); child's age (e.g., Widney High School Transition Parent Support Group). List here all the parent support groups you have belonged to.

Experience with Parent to Parent Support Groups

Dates of Membership (from/to)	Name of Organization/Group (begin with most recent)	Role in the Organization
1989-94 1990-94	Down Syndrome Parent Support Group (LA) Lanterman Regional Center Parent/Prof. Education Support Group	<input checked="" type="checkbox"/> member/Facilitator <input type="checkbox"/> officer please indicate: _____ <input type="checkbox"/> other please indicate: _____
		<input type="checkbox"/> member <input type="checkbox"/> officer please indicate: _____ <input type="checkbox"/> other please indicate: _____
		<input type="checkbox"/> member <input type="checkbox"/> officer please indicate: _____ <input type="checkbox"/> other please indicate: _____
		<input type="checkbox"/> member <input type="checkbox"/> officer please indicate: _____ <input type="checkbox"/> other please indicate: _____
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		<input type="checkbox"/> member <input type="checkbox"/> officer please indicate: _____ <input type="checkbox"/> other please indicate: _____

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Formal training in Parent To Parent support

Parent to parent support training is a formalized educational experience and may take from 4 hrs to 4 days to complete. It should include: active listening techniques, definition of the philosophy of providing emotional support and provide awareness of your own attitudes, values, and skill development that enables you to provide non judgmental support. List all the lectures, workshops, seminars, conferences, you have attended.

Date start/Date end	Name of Program	Sponsoring Organization/ Name of Coordinator	Total # of hours	Name of Certificate
2/11-12/98	Peer Support Training	Koch Young FRC Olivia Hernandez	12 hrs	Peer Support Partners

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Parent to Parent Support

Parent to Parent Support is feeling focused emotional support that is driven by the parent reaching out to a peer for support. Parent to Parent support can be done face to face, through mail (electronic or surface) and on the phone. List any experiences you have had providing parent to parent support to another parent or a family member. Don't give details here; just tell the reader what you have done to support others.

Experience Providing Parent to Parent Support: (Describe what kind of support was given, for what length of time (give dates))

Dates	Type of Support	Role
2/95-6/95	support re: child's diagnosis	<input checked="" type="checkbox"/> received <input type="checkbox"/> provided <input type="checkbox"/> trainer
5/97-6/98	support to 3 parents of children with Down Syndrome	<input type="checkbox"/> received <input checked="" type="checkbox"/> provided <input type="checkbox"/> trainer
		<input type="checkbox"/> received <input type="checkbox"/> provided <input type="checkbox"/> trainer
		<input type="checkbox"/> received <input type="checkbox"/> provided <input type="checkbox"/> trainer
		<input type="checkbox"/> received <input type="checkbox"/> provided <input type="checkbox"/> trainer
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III. TRAINING/EDUCATION

This section should contain a list of all training you have received, presented at, or conducted.. List by title, presenter (if other than yourself), date and location of training. List any educational experience you may or may not have received credit for.

Date(s) of Attendance	Name of Conference/ Sponsoring Organization/ Location/Presenters Name	Workshop/Title of Presentation (start with most recent)	Total # of Hours of Training
January, 1994	TASK/LAUSD - Brenda Smith	Strategies for effective parent participation in the IEP	6 hours

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IV. Association Memberships

An Association is a group which has formal membership procedures and criteria. You have to apply to join. Association's typically have a specific purpose and mission. Association goals are typically broad in scope. There are professional associations (e.g., TASH), and parent associations (Down Syndrome Association).

Dates of Membership (from/to)	Name of Organization/Group (begin with most recent)	Role in the Organization
Feb. 92 - present 95-96 96-97 97 to present	California Association of Family Resource Centers	[X] member [X] officer: Secretary [X] officer: Regional Rep. [X] officer: Chair
		[] member [] officer please indicate: _____ [] other please indicate: _____
		[] member [] officer please indicate: _____ [] other please indicate: _____
		[] member [] officer please indicate: _____ [] other please indicate: _____
		[] member [] officer please indicate: _____ [] other please indicate: _____
		[] member [] officer please indicate: _____ [] other please indicate: _____

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V. WORK EXPERIENCE (PAID AND UNPAID)

The section on *paid* work experience should include any job you have had where you received money for the work you did. list all your jobs, not just jobs in the disability field.

The section on *unpaid* work experience is **as important** as paid work. This type of activity is frequently called “volunteer” work. Spend some time filling this section out.

Work Experience (Unpaid)

Dates	Name of Organization	Job Title	Description of Duties and Responsibilities
Sept. 96 - June 97 Wed and Fri 9:30- 11:00am	Carolyn Kordich FRC	Warmline Desk	Answer warmline phone; provide information and support

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Work Experience (paid)

Dates	Name of Organization	Job Title	Description of Duties and Responsibilities
Sept. 94 - June 96	Delevan Drive Elementary School	School Yard Supervisor	Supervise children after school 2-6pm

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VI. ADVISORY/GOVERNING BOARD/SUB-COMMITTEE MEMBERSHIP

This section should contain a listing of involvement in all or any of the above areas. List your position/leadership (e.g., Chair, co-chair...) List by affiliation, how long served, position. List major projects and accomplishments that you participated in.

Dates	Name of Board/Advisory Group	Role	Major Projects & Accomplishments
1993-95	Down Syndrome Association of L.A. Board of Directors	Member/Secretary	'94 Down Syndrome Conference

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**VII. COMMUNICATION SKILLS
LEGISLATIVE/PUBLIC HEARINGS: TESTIMONY**

Please list experience you have providing the view of a parent or constituent. This may have been by phoning, writing or providing verbal or written testimony to a Board of Directors of legislative body.

(Give date, description of the reason for the testimonial [e.g., *Senate Hearing on SB 1383*])

Date (start with most recent)	Purpose of Testimony Testimony Presented to	Invited/Public Comment
April 15, 1998	Parent perspective on Senate Bill 1383	<input type="checkbox"/> Invited <input checked="" type="checkbox"/> Public Comment
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		<input type="checkbox"/> Invited <input type="checkbox"/> Public Comment

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Communication Skills Presentations

In this section please provide information on the presentations you have done at conferences, in front of groups (e.g., school board), or other audience.

Date (start with most recent)	Title of Presentation	Name of Conference	Location of Conference	Description of Audience (who? how many)
June, 1998	Parent Leadership Model	International Parent to Parent Conference	Atlanta Georgia	Parent/Professional 45 attendees

Continue on another page if necessary

**COMMUNICATION SKILLS
PUBLICATIONS**

Here include anything that has been written and used by others. For example, fact sheets, newsletters, parent training materials, journal/magazine publications, letters to the editor, book chapters, etc.

Date (start with most recent)	Author(s) (in order as it appears on the publication)	Title of Publication	Type of Publication (see above)	Source of Publication
Oct., 1996	Koch/Young FRC (Patricia Herrera/Linda Landry)	Child Care Check List	Parent Evaluation Tool	Unpublished tool. Available for FRC.

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VIII. EXPERIENCE REQUESTING FINANCIAL SUPPORT

A request to fund child care, transportation (mileage reimbursement) or to be financially supported to attend a conference from a local PTA annual meeting to completing a grant application. Your experience in establishing who you are to warrant financial support, what you are going to accomplish with the funding, when you will be participating (one day, one year), where the funding will be utilized and why you received the funding.

(describe the proposal/letter written, level of funding requested, whom it was submitted to, and whether it was funded or not)

Date (start with most recent)	Title of Request	Funding Agency	Funding Requested	Outcome
Sept., 1997	Attendance at 1997 Governors Conference	CEITAN	\$500	<input checked="" type="checkbox"/> Funded <input type="checkbox"/> Not Funded
				<input type="checkbox"/> Funded <input type="checkbox"/> Not Funded
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				<input type="checkbox"/> Funded <input type="checkbox"/> Not Funded

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IX. DEGREES/CERTIFICATES/CREDENTIALS

This section should list any certificates, credentials or licenses you hold. List any certificates that qualify you for a specialty areas (e.g., Early Childhood Education, Sign Language interpretation

Name of Program	Sponsoring Organization/ Name of Coordinator	Duration (Date start/Date end)	Total # of hours	Certificate of Completion (yes/no) (If yes, give name)
Parents as Service Coordinators	Eastern Los Angeles Regional Center	Jan. 95 - June 96	45hrs	Certified Parent Service Coordinator

Continue on another page if necessary.

X. HONORS/AWARDS/LEADERSHIP

List any honors or awards received, dates received and the contributing organization. List any recognition or acknowledgment for outstanding participation volunteering, such as committee membership, community service (e.g., hospitals, churches, libraries...). Include awards for scholastic achievement and for job performance.

Include all acknowledgments, no matter how small you think they are!

Date	Title of Award, Honor, etc.	Awarding Agency	Description
March 3, 1993	Honorary Service Award	Harper Valley PTA	Acknowledge 4 years of outstanding service to the PTA

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