

Ohio Department of Job and Family Services  
**VERIFICATION OF ASSESSOR QUALIFICATIONS**

| <b>SECTION I: ASSESSOR INFORMATION</b>  |   |                                |        |
|---|---|--------------------------------|--------|
| Assessor's Name   | Assessor ID # (to be completed after receipt by ODJFS)  | Assessor's Phone Number        |        |
| Agency or Court Name  |   | Agency or Court Address        |        |
| City  | State   | Zip Code                       | County |
| Assessor's Supervisor Name  |   | Supervisor's Phone Number      |        |
| Date Employment/Contract Began  |   | Date Employment/Contract Ended |        |
| <b>List the name of any other agency for which you are employed or under contract as an assessor.</b> |   |                                |        |
| Agency or Court Name  |   | Agency or Court Address        |        |
| City  | State   | Zip Code                       | County |
| Assessor's Supervisor Name  |   | Supervisor's Phone Number      |        |
| Date Employment/Contract Began  |   | Date Employment/Contract Ended |        |
| <b>List the name of any other agency for which you are employed or under contract as an assessor.</b> |   |                                |        |
| Agency or Court Name  |   | Agency or Court Address        |        |
| City  | State   | Zip Code                       | County |
| Assessor's Supervisor Name  |   | Supervisor's Phone Number      |        |
| Date Employment/Contract Began  |   | Date Employment/Contract Ended |        |
| <b>SECTION II: (Check Appropriate Box and Complete Additional Information as Indicated)</b>           |   |                                |        |
| <input type="checkbox"/>  | I am a Professional Counselor, Social Worker or Marriage and Family Therapist licensed under Chapter 4757. of the Revised Code. License Number _____ Initial date or most recent renewal date _____   |                                |        |
| <input type="checkbox"/>  | I am a Psychologist licensed under Chapter 4732. of the Revised Code. License Number _____ Initial date or most recent renewal date _____   |                                |        |
| <input type="checkbox"/>  | I am a former employee of a Public Children Services Agency who, while so employed, conducted the duties of an assessor. Prior Agency's Name _____ Dates of employment: from _____ to _____   |                                |        |
| <input type="checkbox"/>  | I am a civil service employee engaged in the practice of social work without a license as permitted by Section 4757.16 of the Revised Code. Agency Name _____   |                                |        |
| <input type="checkbox"/>  | I am a student working to earn a post secondary degree, or higher, in social and/or behavioral sciences, who conducts assessor duties under the supervision of a Professional Counselor, Social Worker or Marriage and Family Therapist licensed under Chapter 4757. of the Revised Code or a Psychologist licensed under Chapter 4732. of the Revised Code.<br><br>School Name _____<br><br>Name of Degree Program _____<br><br>Supervisor's Name and License Number _____ |                                |        |
| <input type="checkbox"/>  | <b>For Grandfathered Assessors Only:</b> I was employed by a court prior to September 18, 1996, for the purpose of conducting adoptive homestudies and have been in continuous employment with the same court and am currently employed with the same court. <input type="checkbox"/> Yes <input type="checkbox"/> No   |                                |        |

|   |   |   |
|---|---|---|
| <b>SECTION III: ASSESSOR EDUCATION Tier 1 (Check appropriate box and complete additional information as indicated)</b>  |   |   |
| I have completed the ODJFS Tier 1 assessor educational training. <input type="checkbox"/> Yes <input type="checkbox"/> No   |   | Date Tier 1 Assessor Training Completed |
| By signing this document on behalf of the employing or contracting agency or court, I verify that the assessor named herein has met the requirements of Sections 3107.014 or 5103.0324 of the Revised Code and is qualified to perform assessor related activities. By signing this document, the agency/court accepts responsibility for any assessor related activities performed by this individual. |   |   |
| Typed or printed name of agency director, judge or designee   | Signature of agency director, judge or designee | Date                                    |
| <b>ASSESSOR EDUCATION: Tier 2</b>   |   |   |
| I have completed the ODJFS Tier 2 assessor educational training (within 3 years of the completion date of the Tier I training unless an extension of no more than one year is granted by the agency's director or the court). <input type="checkbox"/> Yes <input type="checkbox"/> No  |   | Date Tier 2 Assessor Training Completed |
| By signing this document on behalf of the employing or contracting agency or court, I verify that the assessor named herein has met the requirements of Sections 3107.014 or 5103.0324 of the Revised Code and is qualified to perform assessor related activities. By signing this document, the agency/court accepts responsibility for any assessor related activities performed by this individual. |   |   |
| Typed or printed name of agency director, judge or designee   | Signature of agency director, judge or designee | Date                                    |
| <b>ASSESSOR EDUCATION: Extension to Tier 2</b>  |   |   |
| I have received an extension approved by the agency director or by the court of no more than one year to complete the ODJFS Tier 2 assessor educational training due to justifiable organizational circumstances that impede the ability of the assessor to attend offered training. <input type="checkbox"/> Yes <input type="checkbox"/> No   |   | Date Extension Begins                   |
| Agency's or court's justification for extension   |   |   |
| By signing this document on behalf of the employing or contracting agency or court, I verify that the assessor named herein has met the requirements of Sections 3107.014 or 5103.0324 of the Revised Code and is qualified to perform assessor related activities. By signing this document, the agency/court accepts responsibility for any assessor related activities performed by this individual. |   |   |
| Typed or printed name of agency director, judge or designee   | Signature of agency director, judge or designee | Date                                    |
| <b>ASSESSOR EDUCATION: Six hour training requirement</b>  |   |   |
| I have completed six hours of training on adoption and/or foster care related issues two years from the date Tier 2 was completed or I have completed six hours of training on adoption and/or foster care related issues two years from the date that this rule was effective. <input type="checkbox"/> Yes <input type="checkbox"/> No My six hours of training was completed on (date)               |   |   |
| <b>(Attach documentation that indicates the name of the training and presenter, number of hours received and a copy of the agenda).</b>   |   |   |
| By signing this document on behalf of the employing or contracting agency or court, I verify that the assessor named herein has met the requirements of Sections 3107.014 or 5103.0324 of the Revised Code and is qualified to perform assessor related activities. By signing this document, the agency/court accepts responsibility for any assessor related activities performed by this individual. |   |   |
| Typed or printed name of agency director, judge or designee   | Signature of agency director, judge or designee | Date                                    |
| <b>ASSESSOR EDUCATION: (To be completed for future six hour training requirements)</b>  |   |   |
| I have completed six hours of training during the required two year period. <input type="checkbox"/> Yes <input type="checkbox"/> No My six hours of training was completed on (date)   |   |   |
| <b>(Attach documentation that indicates the name of the training and presenter, number of hours received and a copy of the agenda).</b>   |   |   |
| By signing this document on behalf of the employing or contracting agency or court, I verify that the assessor named herein has met the requirements of Sections 3107.014 or 5103.0324 of the Revised Code and is qualified to perform assessor related activities. By signing this document, the agency/court accepts responsibility for any assessor related activities performed by this individual. |   |   |
| Typed or printed name of agency director, judge or designee   | Signature of agency director, judge or designee | Date                                    |

**ASSESSOR EDUCATION: (To be completed for future six hour training requirements)**

I have completed six hours of training during the required two year period.  Yes  No My six hours of training was completed on \_\_\_\_\_ (date)

**(Attach documentation that indicates the name of the training and presenter, number of hours received and a copy of the agenda).**

By signing this document on behalf of the employing or contracting agency or court, I verify that the assessor named herein has met the requirements of Sections 3107.014 or 5103.0324 of the Revised Code and is qualified to perform assessor related activities. By signing this document, the agency/court accepts responsibility for any assessor related activities performed by this individual.

|   |   |      |
|---|---|------|
| Typed or printed name of agency director, judge or designee | Signature of agency director, judge or designee | Date |
|---|---|------|

**ASSESSOR EDUCATION: Twelve hour training requirement**

I have completed the twelve hour assessor refresher course.  Yes  No My twelve hours of training was completed on \_\_\_\_\_ (date)

By signing this document on behalf of the employing or contracting agency or court, I verify that the assessor named herein has met the requirements of Sections 3107.014 or 5103.0324 of the Revised Code and is qualified to perform assessor related activities. By signing this document, the agency/court accepts responsibility for any assessor related activities performed by this individual.

|   |   |      |
|---|---|------|
| Typed or printed name of agency director, judge or designee | Signature of agency director, judge or designee | Date |
|---|---|------|

**SECTION IV: TERMINATION OF ASSESSOR DUTIES**

I am not qualified to be an assessor as of \_\_\_\_\_ (date) due to the following reason(s):

- I did not complete Tier 2 within the timeframes specified in rule 5101:2-48-06 of the Administrative Code.
- I did not complete Tier 2 within two years from the effective date of this rule.
- I did not complete the required six hours of training within two years of completion of Tier 2 or for any other subsequent two year period.
- I terminated my employment or contract with my agency or court and will continue ongoing training.
- I terminated my employment or contract with my agency or court and will not continue ongoing training.
- My license under Chapter 4757 or 4732 of the Revised Code has been revoked. (For private agency staff only)

**SECTION V: ASSESSOR SIGNATURE**

By signing this document, I verify the above information to be complete and accurate. I agree to abide by the requirements of Sections 3107.014 and 5103.0324 of the Revised Code.

|           |      |
|-----------|------|
| Signature | Date |
|-----------|------|

**SECTION VI: NOTIFICATION (To be completed by the agency director, judge or designee)**

As the assessor's employer, the agency/court is notifying the Assessor Registry that the assessor terminated his/her employment with the agency/court on \_\_\_\_\_ (date).

|   |   |      |
|---|---|------|
| Typed or printed name of agency director, judge or designee | Signature of agency director, judge or designee | Date |
|---|---|------|

**THIS FORM MUST BE SUBMITTED WITHIN THREE DAYS OF ANY CHANGE(S).**  
**Submit form to: Ohio Department of Job and Family Services**  
**Bureau of Family Services, Assessor Registry**  
**P.O. Box 182709**  
**Columbus, Ohio 43218-2709.**