

Vendor/Organization Code _____

Stipend _____

Date _____ (mm/dd/yyyy)

Direct Service: You work directly with children in a **child care center, school-age child care, family child care home, elementary school classroom (e.g., TK)** or as an **individual child care provider.**

**Confidential Profile for Direct Service Participants Working in Transitional Kindergarten
California Department of Education, Early Education and Support Division, Quality Improvement Training**

This stipend is funded through the California Department of Education (CDE), Early Education and Support Division (EESD) with Child Care Development Fund Quality Improvement dollars. CDE is collecting statistical demographic information to help inform CDE and other stakeholders about who participates in professional development activities and inform state planning efforts.

These questions are asked for statistical reporting purposes only and the information collected will be used only for statistical purposes. Your individual information is **confidential** and no individual identifying information will be reported.

Please enter your Teaching Credential number and answer the following questions below. This will allow the CDE to collect and update information each time you receive a state funded stipend, without needing to collect your name. Individual information remains confidential and will not be reported in any way.

1. Teacher Credential Number: _____

Education Information

2. What is your highest level of education? Please check only one answer.

- No high school diploma/No GED AA/AS (2-year college degree) Master’s degree
- High School diploma/GED BA/BS (4-year college degree) Doctorate

3. Do you have a college degree from a foreign country?

- Yes No I do not have a degree

4. If you have a degree, please select the area that best represents the major for any degree you have attained.

Please check all that apply.

Degree	ECE/Child or Human Development	Education/Psychology/Social Work	Business/Math/Science/Health	Other
AA/AS/2-year college	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BA/BS/4-year college	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Master’s	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doctorate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. If you hold a current California child development permit, indicate your current level:

- I do not have a permit Associate teacher Master teacher Program director
- Assistant teacher Teacher Site supervisor
- Children’s Center Instruction Children’s Center Supervision

6. If you hold a current California teaching credential, indicate which credential(s). Please check all that apply.

- I do not have a credential Early Childhood Special Education School Nurse Services Other
- Administrative Services Multiple Subject Single Subject
- Bilingual Specialist Pupil Personnel Services Specialist Instruction
- Clinical/Rehabilitative Services Reading/Language Arts Speech-Language Pathology

IF YOU ARE NOT CURRENTLY EMPLOYED IN ECE, SKIP TO QUESTION #22.

Employment Information

7. Which best describes the setting or program you primarily work in? Please check only one answer.

- Licensed child care center/early childhood program (including Head Start, After-school program, etc.)
- License-exempt center or school-age program (e.g. Cal-SAFE, military child care, parent co-op)
- Informal provider (family, friend, neighbor)
- Licensed family child care home
- Other (please specify, i.e., TK) _____

8. If you work in a center or school-based ECE program, which best describes your primary position?

- Assistant teacher/teacher aide/associate
- Teacher/lead teacher/associate
- Teacher-director
- Specialized teaching staff (e.g. special education teacher, supervising master teacher, tutor)
- Professional support staff (e.g. curriculum specialist, mental health consultant)
- Site supervisor
- Assistant Director
- Director – single site
- Director – multi-site
- Executive director
- Other (please specify) _____

If working as a substitute please specify position type in which you more frequently work as a substitute.

9. If you work in a family child care home, which best describes your primary position?

- Owner/operator of the family child care
- Assistant in the family child care
- Other (please specify) _____

10. What is your city of employment? _____

11. What is your county of employment? _____

12. What is your zip code of employment? _____

13. Please write in (if less than one year, write in 1):

- Number of years you have been employed in the ECE field _____
- Number of years you have been employed with your current employer _____
- Number of years you have been employed in your current position with your employer _____

14. How many paid hours per week and months per year do you work at your current job, on average?

- Number of paid hours per week _____
- Number of months per year _____

15. How many children are currently enrolled in your classroom or program? If you are a teacher, provide the number of children in your classroom. If you are a director or work in a family child care home, provide the number of all the children in your program. _____

16. How many children of the following age groups are in your classroom, child care center, or family child care home? This number should equal the number of children that you listed above in question 17.

- Less than one year _____
- 1 year old _____
- 2 years old _____
- 3 years old _____
- 4 years old through prekindergarten _____
- School-age in before/after school program _____

17. Do you currently care for children who are dual language learners?

- Yes
- No
- Don't know

18. Do you currently care for children who have an Individualized Family Service Plan (IFSP), an Individualized Education Plan (IEP)?

- Yes
- No
- Don't know

19. What is your current gross salary, for this early care and education job, (before taxes and other deductions)? Please

Respond only once – by hour or by month or by year. Wage information is collected to help the California Department of Education better understand and report on wage levels of early care and education providers. All information will remain confidential and will be used for statistical purposes only.

- Per hour _____ or Per month _____ or Per year _____

Demographic Information This information is collected to help the California Department of Education better understand the characteristics and needs of people participating in their education and training programs. All information will remain confidential and will be used for statistical purposes only.

20. What is your gender?

- Female Male

21. How do you identify your race/ethnicity? Please check only one answer.

- Asian Native American/Alaskan Multi-racial
 Black/African-American Pacific Islander Other (please specify) _____
 Latino/Hispanic White/Caucasian

22. What is the primary language you speak at home?

- English Spanish Hmong
 Mandarin and/or Cantonese Tagalog Other (please specify) _____
 Russian Vietnamese

23. Please check all the languages you speak fluently.

- English Spanish Hmong
 Mandarin and/or Cantonese Tagalog Other (please specify) _____
 Russian Vietnamese

Thank you very much for completing the registration form!