

Teacher Information Form

Please complete this form for each group and have this form ready for the assessor(s) when they arrive. Only teachers who typically work with children for more than short time periods and will be present during the assessment should be listed.



Facility name: _____ Facility ID#: _____

Classroom name (or age group): _____ Number of teachers in this room: _____

Teacher's name (first and last): _____

Role: Lead/co-teacher Assistant Floater Other

1. Education Level (please choose one):

- | | | |
|--|---|--|
| <input type="radio"/> Did not complete high school | <input type="radio"/> 1 yr. community college diploma (30+ credit hrs.) | <input type="radio"/> 4 yr. degree in related field (e.g., elementary ed, psych) |
| <input type="radio"/> High school diploma/ GED | <input type="radio"/> 2 yr. AA degree (Associate of Arts) | <input type="radio"/> 4 yr. degree in other field |
| <input type="radio"/> NCECC I &II, CDA | <input type="radio"/> 2 yr. AAS degree (Associate of Applied Science) | <input type="radio"/> Some graduate coursework |
| <input type="radio"/> Some college coursework (less than 30 credit hrs.) | <input type="radio"/> 4 yr. EC/CD degree (e.g., early childhood, child dev) | <input type="radio"/> Graduate degree |

2. Year highest level earned: _____ Field of study (e.g., child development, nursing): _____

3. How long have you worked in the early childhood field? (professional paid positions only): _____ years _____ months

4. How long have you worked at this facility? (current and previous positions): _____ years _____ months

5. How long have you worked with the current children? (or a majority of these children): _____ years _____ months

6. Race/ethnicity: African American/African Latino/Hispanic Native American
 Asian/Pacific Islander White/European Other

Teacher's name (first and last): _____

Role: Lead/co-teacher Assistant Floater Other

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