

# Teacher Information Form

Please complete and have this form ready for the assessor(s) when they arrive for the assessment. *Thank you.*

**North Carolina  
Rated License  
Assessment  
Project**



Conducting Assessments to Improve Quality

Facility Name: \_\_\_\_\_ Facility ID#: \_\_\_\_\_

Classroom Name/ Age Group: \_\_\_\_\_ Number of teachers in this room: \_\_\_\_\_

**Lead Teacher's Name (first and last):** \_\_\_\_\_

1. Education Level: (Please chose one)

<input type="radio"/> Did not complete high school	<input type="radio"/> 1 yr. community college diploma	<input type="radio"/> 4 yr. degree in a related field (e.g. elementary education, 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 (Early Childhood or Child Dev)	<input type="radio"/> Graduate degree

2. Year highest degree earned: \_\_\_\_\_ Field of study (Child development, nursing, etc.): \_\_\_\_\_

3. Number of course hours in special education (college level only): \_\_\_\_\_

4. Years experience in early childhood (professional only): \_\_\_\_\_

5. Months employed at *this* facility: \_\_\_\_\_

6. Months in this classroom (with these children or the majority of these children): \_\_\_\_\_

7. Race/ Ethnic decent:  African American/African  Asian/Pac. Islander  Latino  White/European  Native American  Other: \_\_\_\_\_

**Teacher's Name (first and last):** \_\_\_\_\_

1. Education Level: (Please chose one)

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6. Months in this classroom (with these children or the majority of these children): \_\_\_\_\_

7. Race/ Ethnic decent:  African American/African  Asian/Pac. Islander  Latino  White/European  Native American  Other: \_\_\_\_\_

**Teacher's Name (first and last):** \_\_\_\_\_

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Teacher Information form (4-16-04).doc