

TECTA Orientation Location or Institution Attending _____

Social Security Number _____ - _____ - _____

Name _____
Last First Middle

Employment Status

Your Place of Employment _____

Ages of children in classroom (choose one)

- Birth to 8 months 9 to 17 months 18 to 36 months 3 to 5 year olds
 School-Age Family Childcare
 Mixed-age Group: Infants Mixed-age Group: Infants and Preschool Not a Direct Care Provider

TECTA Support Received for: Semester _____ Year _____

Salary: Please note: this question is for research purposes ONLY. Individual responses will not be identified or published.

\$ _____ per Hour

- Current Position Title:
- | | | | |
|--|---|---|--|
| <input type="checkbox"/> DHS Staff | <input type="checkbox"/> Asst. Director | <input type="checkbox"/> Asst. Director/Teacher | <input type="checkbox"/> Caregiver/Teacher |
| <input type="checkbox"/> Home Visitor Supervisor | <input type="checkbox"/> Director | <input type="checkbox"/> Director/Teacher | <input type="checkbox"/> Home Visitor |
| <input type="checkbox"/> Teacher Aide | <input type="checkbox"/> Other | <input type="checkbox"/> Owner of Program | <input type="checkbox"/> Sub/Floater |
| | <input type="checkbox"/> Authorized | <input type="checkbox"/> Volunteer | |

Number of years in current position _____ Number of years in Early Childhood Field _____

Number of years at current place of employment _____ Hours worked per week _____

Do you have children with diagnosed delays or disabilities in your classroom? Yes No

Number of children in your classroom _____

Please complete the reverse side if you are a first-time TECTA-supported student.

Complete this side if this is the first time you are receiving TECTA services.

Please check the professional organization(s) to which you belong:

- | | |
|---|--|
| <input type="checkbox"/> Head Start Association | <input type="checkbox"/> National Association for the Education of Young Children |
| <input type="checkbox"/> National Black Child Development Institute | <input type="checkbox"/> National Child Care Association |
| <input type="checkbox"/> National Family Child Care Association | <input type="checkbox"/> Tennessee Association for the Education of Young Children |
| <input type="checkbox"/> Tennessee Family Child Care Alliance | <input type="checkbox"/> Tennessee School-Age Care Alliance |

Highest education level completed before seeking TECTA support

- | | | |
|--|---|---|
| <input type="checkbox"/> Less than 9th grade | <input type="checkbox"/> 9th – 12th grade (no diploma) | <input type="checkbox"/> High School Graduate/GED |
| <input type="checkbox"/> Some College | <input type="checkbox"/> Technical Certificate | <input type="checkbox"/> Associate of Applied Science |
| <input type="checkbox"/> Associate Degree | <input type="checkbox"/> Bachelors/Baccalaureate Degree | <input type="checkbox"/> Masters/Doctorate Degree |

College or University of Highest Degree _____

Major: Early Childhood Education Elementary Education Special Education
 Other _____ Graduation Date of Highest Degree ____/____/____

Parents' Educational Levels

Mother

- | | | |
|--|---|---|
| <input type="checkbox"/> Less than 9th grade | <input type="checkbox"/> 9th – 12th grade (no diploma) | <input type="checkbox"/> High School Graduate/GED |
| <input type="checkbox"/> Some College | <input type="checkbox"/> Technical Certificate | <input type="checkbox"/> Associate of Applied Science |
| <input type="checkbox"/> Associate Degree | <input type="checkbox"/> Bachelors/Baccalaureate Degree | <input type="checkbox"/> Masters/Doctorate Degree |

Father

- | | | |
|--|---|---|
| <input type="checkbox"/> Less than 9th grade | <input type="checkbox"/> 9th – 12th grade (no diploma) | <input type="checkbox"/> High School Graduate/GED |
| <input type="checkbox"/> Some College | <input type="checkbox"/> Technical Certificate | <input type="checkbox"/> Associate of Applied Science |
| <input type="checkbox"/> Associate Degree | <input type="checkbox"/> Bachelors/Baccalaureate Degree | <input type="checkbox"/> Masters/Doctorate Degree |

Professional Objectives

Why do you want to participate in TECTA training? (Check all that apply):

- Further my education Help with my job search Improve my job skills Obtain a CDA
 Obtain a raise/higher pay

Have you completed other early childhood training during the last 12 months? Yes No

Did your employer require the training? Yes No

Do you plan to continue working in child care? Yes No

If no, please tell us why _____

NOTICE: If you have changed your name and/or address since you last enrolled in a TECTA-supported course, please fill out a TECTA Student Change of Information Form and return it as soon as possible to your local TECTA site.