

Vendor/Organization Code 7134DTC9

Title of Training Community College Program

Date 09/15/2011 (mm/dd/yyyy)

Complete this form if you work in **child care center, school-age child care, family child care home, or as an individual child care provider.**

**SAMPLE Confidential Profile for Direct Service Participants**  
**California Department of Education, Child Development Division, Quality Improvement Training**

This training is funded through the California Department of Education (CDE), Child Development Division with Child Care Development Fund Quality Improvement dollars. The collection of this information will help to 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.

The following three questions are asked in order to allow the CDE to collect and update information each time you participate in a quality improvement training, without needing to collect your name. Individual information remains confidential and will not be reported in any way. Please complete this information each time you receive this form.

1. What is your date of birth? \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/dd/yyyy)
2. In what city were you born? \_\_\_\_\_
3. What are the last five digits of your social security number? X X X - X \_\_\_\_ - \_\_\_\_

**Education Information**

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

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> No high school diploma/No GED | <input type="checkbox"/> AA/AS (2-year college degree) | <input type="checkbox"/> Master's degree |
| <input type="checkbox"/> High School diploma/GED       | <input type="checkbox"/> BA/BS (4-year college degree) | <input type="checkbox"/> Doctorate       |

5. If you have a college degree, is your highest degree from a foreign country?

- ☐ Yes      ☐ No      ☐ I do not have a degree

6. 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.

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

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

- |  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> I do not have a permit        | <input type="checkbox"/> Associate teacher | <input type="checkbox"/> Master teacher                | <input type="checkbox"/> Program director |
| <input type="checkbox"/> Assistant teacher             | <input type="checkbox"/> Teacher           | <input type="checkbox"/> Site supervisor               |   |
| <input type="checkbox"/> Children's Center Instruction |  | <input type="checkbox"/> Children's Center Supervision |   |

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

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

Vendor/Organization Code 7353CMP6

Title of Training Mentoring

Completion Date of Training 09/15/2011 (mm/dd/yyyy)

Complete this form if you work in an **infrastructure organization (e.g. resource and referral, college, First 5, elementary school classroom, or as a consultant.**

**SAMPLE Confidential Profile for Infrastructure Organization Participants**

**California Department of Education, Child Development Division, Quality Improvement Training**

This training is funded through the California Department of Education (CDE), Child Development Division with Child Care Development Fund Quality Improvement dollars. The collection of this information will help to 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.

The following three questions are asked in order to allow the CDE to collect and update information each time you participate in a quality improvement training, without needing to collect your name. Individual information remains confidential and will not be reported in any way. Please complete this information each time you receive this form.

1. What is your date of birth? \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/dd/yyyy)
2. In what city were you born? \_\_\_\_\_
3. What are the last five digits of your social security number? X X X - X \_\_\_\_ - \_\_\_\_

**Education Information**

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

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> No high school diploma/No GED | <input type="checkbox"/> AA/AS (2-year college degree) | <input type="checkbox"/> Master's degree |
| <input type="checkbox"/> High School diploma/GED       | <input type="checkbox"/> BA/BS (4-year college degree) | <input type="checkbox"/> Doctorate       |

**5. If you have a college degree, is your highest degree from a foreign country?**

- ☐ Yes      ☐ No      ☐ I do not have a degree

**6. 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.**

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

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

- |  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> I do not have a permit        | <input type="checkbox"/> Associate teacher | <input type="checkbox"/> Master teacher                | <input type="checkbox"/> Program director |
| <input type="checkbox"/> Assistant teacher             | <input type="checkbox"/> Teacher           | <input type="checkbox"/> Site supervisor               |   |
| <input type="checkbox"/> Children's Center Instruction |  | <input type="checkbox"/> Children's Center Supervision |   |

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

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

**Employment Information IF YOU ARE NOT CURRENTLY EMPLOYED IN ECE, SKIP TO QUESTION #17.**

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

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Resource and referral agency | <input type="checkbox"/> Community college | <input type="checkbox"/> Training organization        |
| <input type="checkbox"/> 4-year college/university    | <input type="checkbox"/> K-3 setting       | <input type="checkbox"/> Other (please specify) _____ |