

Vendor/Organization Code \_\_\_\_\_

Title of Training \_\_\_\_\_

Completion Date of Training \_\_\_\_\_ (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.**

### 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? XXXX - 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) _____ |

**10. Which best describes your primary position? Please check only one answer.**

- |  |   |   |                                      |
|--|---|---|--------------------------------------|
| <input type="checkbox"/> College faculty     | <input type="checkbox"/> Trainer            | <input type="checkbox"/> Consultant                   | <input type="checkbox"/> K-3 teacher |
| <input type="checkbox"/> Program staff       | <input type="checkbox"/> Director           | <input type="checkbox"/> Coach/mentor                 |                                      |
| <input type="checkbox"/> Manager/coordinator | <input type="checkbox"/> Executive director | <input type="checkbox"/> Other (please specify) _____ |                                      |

**11. What is your city of employment?** \_\_\_\_\_

**12. What is your county of employment?** \_\_\_\_\_

**13. What is your zip code of employment?** \_\_\_\_\_

**14. 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 \_\_\_\_\_

**15. 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 \_\_\_\_\_

**16. What is your current gross salary (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 \_\_\_\_\_ of 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.

**17. What is your gender?**

- ☐ Female ☐ Male

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

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Asian                  | <input type="checkbox"/> Native American/Alaskan | <input type="checkbox"/> Multi-racial                 |
| <input type="checkbox"/> Black/African-American | <input type="checkbox"/> Pacific Islander        | <input type="checkbox"/> Other (please specify) _____ |
| <input type="checkbox"/> Latino/Hispanic        | <input type="checkbox"/> White/Caucasian         |   |

**19. What is the primary language you speak at home?**

- |  |                                     |   |
|--|-------------------------------------|---|
| <input type="checkbox"/> English                   | <input type="checkbox"/> Spanish    | <input type="checkbox"/> Hmong                        |
| <input type="checkbox"/> Mandarin and/or Cantonese | <input type="checkbox"/> Tagalog    | <input type="checkbox"/> Other (please specify) _____ |
| <input type="checkbox"/> Russian                   | <input type="checkbox"/> Vietnamese |   |

**20. Please check all the languages you speak fluently.**

- |  |                                     |   |
|--|-------------------------------------|---|
| <input type="checkbox"/> English                   | <input type="checkbox"/> Spanish    | <input type="checkbox"/> Hmong                        |
| <input type="checkbox"/> Mandarin and/or Cantonese | <input type="checkbox"/> Tagalog    | <input type="checkbox"/> Other (please specify) _____ |
| <input type="checkbox"/> Russian                   | <input type="checkbox"/> Vietnamese |   |

**21. A workforce registry is being piloted in several local quality improvement programs in California. A registry will track the education and training of the early care and education workforce in order to allow program planners to better understand the characteristics and needs of the workforce. The organizers of the pilot workforce registry would like to extend their workforce data to include participants of the California Department of Education-sponsored professional development activities.**

**Do you give us permission to include the information provided on this form in the pilot registry? All information will remain confidential.**

- ☐ Yes ☐ No

**Thank you very much for completing the registration form!**