



## Employment History

**Ages of children in classroom:** (choose one)

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Birth to 8 months | <input type="checkbox"/> Ages 3 - 5              | <input type="checkbox"/> Mixed age group Infant & Preschool |
| <input type="checkbox"/> 9 to 17 months    | <input type="checkbox"/> School Age              | <input type="checkbox"/> Family Child Care                  |
| <input type="checkbox"/> 18 to 36 months   | <input type="checkbox"/> Mixed Age Group Infants |   |

(Please note this question is for research purposes ONLY. Individual responses will not be identified and published.)

**Salary:**        \$ \_\_\_\_\_         hourly         weekly         monthly  
    daily         bi-weekly         yearly

**Current Position Title:**

<input type="checkbox"/> Asst. Director	<input type="checkbox"/> Director/Teacher	<input type="checkbox"/> Teacher Aid
<input type="checkbox"/> Asst. Director/Teacher	<input type="checkbox"/> Other	<input type="checkbox"/> Volunteer
<input type="checkbox"/> Caregiver/Teacher	<input type="checkbox"/> Owner of Program	
<input type="checkbox"/> Director	<input type="checkbox"/> Sub/Floater	

**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:** \_\_\_\_\_

## Professional Objectives

**Why do you want to participate in TECTA training?** (check all that apply)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Further my education | <input type="checkbox"/> Obtain CDA            | <input type="checkbox"/> Help with my job search |
| <input type="checkbox"/> Obtain Raise         | <input type="checkbox"/> Improve my job skills |  |

**I have completed other early childhood training during the last 12 months:**         Yes         No

**Was the training required by your employer?**         Yes         No

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

*If no, please tell why:* \_\_\_\_\_

**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                        |

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NOTICE: If you have changed your name and/or address since you last enrolled in a TECTA-sponsored course, please fill out a Change of Name/Address form and return it as soon as possible to the local TECTA site.

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*"This project is funded through a contract with the Tennessee Department of Human Services and Tennessee State University, Center of Excellence for Learning Sciences."*