



# TECTA Student Information Form

Center of Excellence for Learning Sciences ♦ Tennessee State University

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"/> Asst. Director | <input type="checkbox"/> Asst. Director/Teacher | <input type="checkbox"/> Caregiver/Teacher |
| <input type="checkbox"/> DHS Staff               | <input type="checkbox"/> Director       | <input type="checkbox"/> Director/Teacher       | <input type="checkbox"/> Home Visitor      |
| <input type="checkbox"/> Home Visitor Supervisor | <input type="checkbox"/> Other          | <input type="checkbox"/> Owner of Program       | <input type="checkbox"/> Sub/Floater       |
| <input type="checkbox"/> Teacher Aide            | <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.**