EDUCATOR DEMOGRAPHICS

Agency Program: _____ **PAT ID** _____

Educator First Name _____ **Educator Last Name** _____

Gender: ☐ Male ☐ Female

Does this Educator have a teaching license issued by the Kansas State Department of Education?

○ Yes ○ No

If Yes, KANSAS TEACHER LICENSE # _____

Date Educator Demographics Completed: ____/____/_____
MM/DD/YYYYY

EDUCATION/BACKGROUND

1. What is the highest level of education completed?

- ○ High School or GED
- ○ 60 college credit hours in early childhood or related course work or more but no degree
- ○ Two-year college degree (associates)
- ○ 4-year college degree (bachelors)
- ○ Master's degree or higher

2. If a degree has been obtained as noted above, indicate the field:

- ○ Early Childhood, Early Childhood Unified, Human Development & Family Life
- ○ Early Childhood Special Education
- ○ Social Work
- ○ Other _____

3. Indicate language proficiency with the following (check all that apply):

ORAL

- ○ English
- ○ Spanish
- ○ Arabic
- ○ Caribbean language (French Creole/Haitian)
- ○ European or Slavic language\
- ○ Pacific Island language
- ○ Far Eastern Asian languages (Japanese, Vietnamese)
- ○ Native North American or Alaska Native language
- ○ African language
- ○ Other _____

WRITTEN

- ○ English
- ○ Spanish
- ○ Arabic
- ○ Caribbean language (French Creole/Haitian)
- ○ European or Slavic language\
- ○ Pacific Island language
- ○ Far Eastern Asian languages (Japanese, Vietnamese)
- ○ Native North American or Alaska Native language
- ○ African language
- ○ Other _____

EDUCATOR DEMOGRAPHICS

Other Educator Licenses:

License Name **License Number**

_____ _____

_____ _____

EMPLOYMENT

Start Date ____/____/_____ **Exit Date** ____/____/_____

MM/ DD/ YYYY MM/ DD/ YYYY

Exit Reason:

- O Left for other employment in the early childhood field
- O Left for other employment outside the early childhood field
- O Left workforce
- O Retired
- O Moved
- O Laid off/employer action due to program budget
- O Laid off/employer action other
- O Left program for other reasons/unknown
- O Other _____

1. Are you currently:

- O Full-time (30 or more hours per week)
- O Part-time (less than 30 hours per week)

2. Number of Personal Visits you typically complete each month? _____

3. Number of Group Connections you typically conduct each year? _____

4. What is your current position?

O Parent Educator/Home Visitor O Classroom Teacher that includes Home Visiting

5. How long have you actively worked in the role of Parent Educator/Home Visitor?

# of Years: _____ # of Months: _____

6. How long have you actively worked in the role of a Classroom Teacher?

# of Years: _____ # of Months: _____

7. Do you have a current professional development plan based on the Parents as Teachers or other Early Childhood Core Competencies?

OYes O No

8. If employed for more than 1 year, how many Professional Development clock hours related to the Parents as Teachers or other Early Childhood Core Competencies did you complete in the past program year? _____