



Tennessee Early Childhood Training Alliance (TECTA)

Student Information Form

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 Tennessee Technological University
 242 E. 10th Street Foundation Hall, Rm 117
 Cookeville, TN 38505

Phone : (931) 372-6561

PLEASE PRINT CLEARLY.

Semester _____ Year _____

TECTA Orientation Location or Institution Attending _____

Social Security Number: _____ - _____ - _____

Name: Last _____ First _____ Middle _____

Employment History

Ages of children in classroom (choose one)

Birth to 8 months	9 to 17 months	18 to 36 months	Ages 3 – 5	School Age
Mixed Age Group Infants	Mixed age group Infant & Preschool		Family Childcare	

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

Salary \$ _____ per "Hour "day week "bi-weekly "month "year

Current Position Title:	Asst. Director	Asst. Director/Teacher	Caregiver/Teacher	Director
	Director/Teacher	Other	Owner of Program	Sub/Floater
	Asst. Teacher	Volunteer		

Number of years in current position _____ Number years in Early Childhood Field _____.

Number of years at current place of employment: _____ Hrs worked per week: _____

Do you have children with diagnosed delays or disabilities in your classroom? yes No

Number of Children in classroom _____

Please check the professional organization(s) to which you belong:

Head Start Association	National Association for the Education of Young Children
National Black Child Development Institute	National Child Care Association
National Family Child Care Association	Tennessee Association for the Education of Young Children
Tennessee Family Child Care Alliance	Tennessee School-Age Care Alliance

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Complete this portion only the first time you receive TECTA services

Highest educational achievements before seeking TECTA support

< 9 th grade	9 th – 12 th grade (no diploma)	High School Graduate/GED
some college	Technical certificate	Associate Applied Science
Associate	Baccalaureate	Masters/Doctorate

College or university of highest degree _____

Major: ""Early Childhood Education Elementary Education Special Education Other _____

Graduation Date ____/____/____

Parents Educational Levels:

Mother	< 9 th grade	9 th – 12 th grade (no diploma)	High School Graduate/GED
	some college	certificate	Associate
	Baccalaureate	Masters/Doctorate	

Father	< 9 th grade	9 th – 12 th grade (no diploma)	High School Graduate/GED
	*****uome college *****	certificate	***** Associate
	Baccalaureate	Masters/Doctorate	

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 CDA Obtain raise

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 _____

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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