



Tennessee Early Childhood Training Alliance (TECTA)

Austin Peay State University TECTA
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Student Information Form

PLEASE PRINT CLEARLY. Semester _____ Year _____

TECTA Orientation Location or Institution Attending _____

Social Security Number: _____ - _____ - _____

Name: Last _____ First _____ Middle _____

Highest educational achievements before seeking TECTA support only fill this out the first time you receive TECTA services

< 9th grade
 9th – 12th grade (no diploma)
 H.S. grad/GED
 Some college
 certificate
 Associate
 Baccalaureate
 Grad/Prof

College or university of highest degree _____

Major: Early Childhood Education
 Elementary Education
 Special Education
 Other _____

Graduation Date ____/____/____

Parents Educational Levels:

Mother
 < 9th grade
 9th – 12th grade (no diploma)
 H.S. grad/GED
 Some college
 certificate
 Associate
 Baccalaureate
 Grad/Prof

Father
 < 9th grade
 9th – 12th grade (no diploma)
 H.S. grad/GED
 Some college
 certificate
 Associate
 Baccalaureate
 Grad/Prof

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 Teacher Aid Volunteer

Number of Years in current position _____ # 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 _____

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 _____

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 |

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.

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