## COUNTDOWN TO KINDERGARTEN

## HOME VISITOR / TEACHER DEMOGRAPHIC INFORMATION FORM

Beginning Summer 2017, CTK programs must enter the names and key demographic information about CTK Home Visitors and 5K Teachers of CTK children into the First Steps data system under Program Staff. Please complete the following to collect the needed information.

TK HOME VISITOR INFORMATION CHECK ONE:			☐ CTK Home Visitor IS the child's 5K teacher			
				☐ CTK Home Visitor IS N	OT the child	's 5K teache
IAME:						
	L	AST NAME		FIRST NAME		MI
ENDER: □ M	ale	☐ Female		RACE (check all that	apply):	
BIRTH DATE:				American l	Indian/Alask	an Native
	MONTH	DAY	YEAR	☐ Asian		
AME OF EMPLOYER DURING SCHOOL YEAR:				☐ Black/African American		
				White		
(IF RETIRED OR NOT EMPLOYED DURING SCHOOL YEAR, LEAVE BLANK)				☐ Hawaiian/o	Other Pacific	: Islander
OATE OF HIRE:			YEAR	— Hispanic or Latino?	☐ Yes	□ No
CADEMIC DEGREE(S	) COMPL ATE (mo	ETED:	of completed onl	ine CTK training):ete the following:		
CADEMIC DEGREE(S	ATE (mo	eted:nth and year	of completed onl	ine CTK training):		
ACADEMIC DEGREE(S  CTK CERTIFICATION D  f the CTK Home Visite  KINDERGARTEN TEAC	OCOMPL ATE (mo	ETED:	of completed onl  K teacher, comple	ine CTK training):ete the following:		
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TK CERTIFICATION D  If the CTK Home Visite  SINDERGARTEN TEAC  NAME:  GENDER:	OCOMPL  ATE (mo  OT IS NOT  HER INFO  L  ale	nth and year  the child's 5  DRMATION  AST NAME  Female	of completed onl  K teacher, comple	ete the following:  ADDRESS:  FIRST NAME  RACE (check all that a	apply):	MI
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ACADEMIC DEGREE(S  CTK CERTIFICATION D  f the CTK Home Visite  KINDERGARTEN TEAC  NAME:  GENDER:   MAME:  MAME OF EMPLOYER	OT IS NOT HER INFO  AND MONTH DURING	nth and year  The child's 5  DRMATION  AST NAME  Female  DAY  SCHOOL YEA	of completed onl  K teacher, comple  EMAII  YEAR  R:	FIRST NAME  RACE (check all that all Asian  Black/Africe  White	apply): Indian/Alask can Americal Other Pacific	мі an Native