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.

COUNTY NA	ME:				
<u>CTK HOME </u>	VISITOR INFOR	MATION CHEC	K ONE: 🗆 (CTK Home Visitor IS the child's	5K teacher
				CTK Home Visitor IS NOT the c	hild's 5K teacher
NAME:					
LAST NAME			FIRST NAME	MI	
GENDER:	🗆 Male	Female		RACE (check all that apply):	
BIRTH DATE	E:			 American Indian/Alaskan Native Asian 	
	MONTH	DAY	YEAR		
(IF RETIRED OR NOT EMPLOYED DURING SCHOOL YEAR, LEAVE BLANK)				🗖 Black/African American	
				□ White	
				Hawaiian/Other Pacific Islander	
DATE OF HI	RE:				
	MONTH	DAY	YEAR	Hispanic or Latino? 🛛 Yes	L No
ACADEMIC	DEGREE(S) COM	IPLETED:			
CTK CERTIF	ICATION DATE	(month and year of	f completed	online CTK training):	
lf the CTK He child's 5K te		OT the child's 5K te	acher, comp	plete the following information l	below about the
KINDERGAR	TEN TEACHER	INFORMATION	E	MAIL ADDRESS:	
NAME:	LA	ST NAME		FIRST NAME	MI
GENDER:	🗆 Male	□ Female		RACE (check all that apply):	
BIRTH DATE	TE:			🗖 American Indian/Alaskan Native	
	MONTH	MONTH DAY		□ Asian	
NAME OF EMPLOYER DURING SCHOOL YEAR:				Black/African American	
				□ White	
(IF RETIRED OR NOT EMPLOYED DURING SCHOOL YEAR, LEAVE BLANK)				Hawaiian/Other Pacific Islander	

CTK CERTIFICATION DATE (month and year of completed online CTK training):