COUNTDOWN TO KINDERGARTEN

BILINGUAL HOME VISITOR DEMOGRAPHIC INFORMATION FORM

CTK programs must enter the names and key demographic information about CTK Teachers and support professionals of CTK children into the First Steps data system under Program Staff. Please complete the following to collect the needed information.

COUNTY NAME: _____

NAME: _____
LAST NAME FIRST NAME MI

GENDER: ☐ Male ☐ Female

BIRTH DATE: _____
MONTH DAY YEAR

NAME OF EMPLOYER DURING SCHOOL YEAR:

_____
(IF RETIRED OR NOT EMPLOYED DURING SCHOOL YEAR, LEAVE BLANK)

DATE OF HIRE: _____
MONTH DAY YEAR

RACE (check all that apply):

- ☐ American Indian/Alaskan Native
- ☐ Asian
- ☐ Black/African American
- ☐ White
- ☐ Hawaiian/Other Pacific Islander

Hispanic or Latino? ☐ Yes ☐ No

ACADEMIC DEGREE(S) COMPLETED: _____

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