## COUNTDOWN TO KINDERGARTEN

DISABILITIES SPECIALIST 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.

	LAST NAME			FIRST NAME		М
GENDER:	□ Male	Female		RACE (check all that ap	oply):	
BIRTH DATE:				American Indian/Alaskan Native		
	MONTH	DAY	YEAR	🗆 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		
DATE OF HIRI	:	DAY	YEAR	Hispanic or Latino?	□ Yes	🗆 No

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