

Professional Development Questionnaire

This is not a T.E.A.C.H. Scholarship application. If you would like to apply for a T.E.A.C.H. Scholarship, please visit <http://wisconsinearlychildhood.org/programs/teach/> or contact Professional Development Services.

Section 1: Personal Information	
1) Name (First and Last):	
2) Daytime Phone Number (with area code)	Alternate Phone Number (with area code)
3) Email Address:	
4) Date of Birth (mm/dd/yyyy) optional: ___ / ___ / _____	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male
5) I consider myself: <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native (print name of enrolled or principal tribe): _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Identified by two or more </div> <div style="width: 30%;"> <ul style="list-style-type: none"> • <u>Native Hawaiian or Pacific Islander (check one below):</u> <input type="checkbox"/> Samoan <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Other Pacific Islander: _____ </div> <div style="width: 30%;"> <ul style="list-style-type: none"> • <u>Asian (check one below):</u> <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Korean <input type="checkbox"/> Japanese <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian: _____ </div> </div>	
6) Ethnicity: Are you of Hispanic, Latino, or Spanish origin? <input type="checkbox"/> No <input type="checkbox"/> Yes (check one below): <input type="checkbox"/> Mexican, Mexican American, or Chicano <input type="checkbox"/> Cuban <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Other Hispanic, Latino, or Spanish	
7) In what language are you most comfortable receiving information and counseling services? <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Hmong	
Section 2: Child Care Program Information	
1) Program Name:	
2) Program Address (Street, City, State, Zip Code):	3) County:
4) Program Email Address:	
5) Is this program (check all that apply): <input type="checkbox"/> Licensed. Please provide license number: _____ <input type="checkbox"/> Certified. Please provide your provider/Shares number: _____ <input type="checkbox"/> Legally exempt <input type="checkbox"/> A group center <input type="checkbox"/> A family child care <input type="checkbox"/> A school-age program	

6) Are you submitting this form as part of your program's YoungStar technical assistance process?
 No Yes Name of your program's Technical Consultant: _____

7) What is your current position at this program? (check one)
If you hold multiple positions, check the title that reflects how you spend the majority of your time.
 Family Child Care Provider Non-Teaching Professional Staff:
 Assistant Teacher (position) _____
 Teacher (Group Leader – School Age) Non-Teaching Support Staff:
 Administrator (Site Supervisor – School Age) (position) _____

Section 3: Background and Educational Information

1) Are you a member of the Registry?
 No Registry ID: _____ OR
 Yes If yes: Level _____ Last five digits of Social Security Number: ____ - ____ - ____

2) What is the highest level of education you have completed? (check one)
 No high school diploma/GED 1-year diploma
 High school diploma/GED 2-year associate degree
 Some college, no degree Bachelor's Degree or beyond
 Completed one or more Registry Credentials

3) How many years have you worked in the field? (check one)
 Less than 2 years 2-5 years 5-10 years 10+ years

4) How many more years do you plan to stay in the field?
 Less than 2 years 2-5 years 5-10 years 10+ years

Section 4: Career Goals Questions

1) How/Where do you learn best? (check all that apply)
 Face-to-face in a classroom, workshop, or local/regional/statewide conference Not sure
 Online courses/trainings Other: _____

2) What additional opportunities, if offered in your area, would help you grow professionally? (check all that apply)
 Learning in my program with a knowledgeable expert Not sure
 Learning in my program with a mentor Other (please describe): _____

3) What topics do you want to learn more about in the next year? (check all that apply)
 Child Care Licensing Financial supports to take college courses Financial rewards for longevity in the field
 Child Care Certification The Registry system CDA (Child Development Associate)
 Trainings in my area Earning a degree or credential Other:
 Credit for Prior Learning (CPL) Teacher licensure from Wisconsin Dept. of Public Instruction (DPI) _____
 Accreditation _____
 Taking college courses _____

4) What is the most important goal you have for your education or training? (check one)
 Complete child care licensing/certification/accreditation requirements
 Complete non-credit training/continuing education requirements
 Earn a GED/High School Equivalency Diploma
 Increase YoungStar and/or Registry level
 Complete one or a few college courses
 Earn a credential, one-year diploma, college degree, or DPI teaching license
 Not sure

5) What is another goal you have for your education or training? (check one)

- Complete child care licensing/certification/accreditation requirements
- Complete non-credit training/continuing education requirements
- Earn a GED/High School Equivalency Diploma
- Increase YoungStar and/or Registry level
- Complete one or a few college courses
- Earn a credential, one-year diploma, college degree, or DPI teaching license
- Not Sure

6) What would make pursuing your professional development goals difficult for you? (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> I do not have access to high-speed internet | <input type="checkbox"/> I don't have transportation |
| <input type="checkbox"/> The cost is too high | <input type="checkbox"/> I'm concerned about my own family's needs |
| <input type="checkbox"/> It will take too long to complete/too much work | <input type="checkbox"/> I don't know of any training and/or higher education opportunities close to me |
| <input type="checkbox"/> I am uncomfortable with the idea of registering for and taking courses at a college/university | <input type="checkbox"/> Filling out paperwork/forms |

7) In what areas of your job do you excel?

8) What is most important to you in your work?

9) What additional support and/or resources do you need?

10) How did you learn about WECA's professional development counseling service?

- | | | |
|--|---|---------------------------------|
| <input type="checkbox"/> My Technical Consultant | <input type="checkbox"/> From a colleague | <input type="checkbox"/> Other: |
| <input type="checkbox"/> My director/administrator | <input type="checkbox"/> WECA website | _____ |

Thank you for your responses. Please mail this completed questionnaire to:

WECA Professional Development Services, 744 Williamson Street Suite 200, Madison WI 53703

A Professional Development Counselor will contact you in 2-4 weeks after receiving this questionnaire. Together, you will work on a professional development plan that's right for you!