

CAREER DEVELOPMENT QUESTIONNAIRE

Section 1: Personal Information	
Name (First and Last):	
Daytime Phone Number (with area code)	Alternate Phone Number (with area code)
Email Address:	
Date of Birth (mm/dd/yyyy) optional: ___/___/_____	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male
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%; text-align: center;"> <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%; text-align: center;"> <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>	
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	
In what language are you most comfortable receiving information and counseling services? <input type="checkbox"/> English <input type="checkbox"/> Spanish	
Section 2: Employment Information	
Are you currently working in the early childhood education field? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>If no, skip to Section 5</i>	
Section 3: Background and Educational Information	
Are you a member of the Wisconsin Registry? <input type="checkbox"/> No If yes: Level _____ Registry ID: _____ OR <input type="checkbox"/> Yes Last <u>five</u> digits of Social Security Number: ___ - _____	
Section 4: Child Care Program Information	
Program Name:	
Program Address (Street, City, State, Zip Code):	County:
Program Email Address:	

Is this program (check all that apply):

- Licensed. Please provide license number: _____
- Certified. Please provide your provider/Shares number: _____
- Legally exempt
- A group center
- A family child care
- A school-age program

Are you submitting this form as part of your program's YoungStar technical assistance process?

- No Yes Name of your program's Technical Consultant: _____

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.

- | | |
|-----------------------------------------------------------------------|-------------------------------------------------------------------------------|
| <input type="checkbox"/> Family Child Care Provider | <input type="checkbox"/> Non-Teaching Professional Staff:
(position) _____ |
| <input type="checkbox"/> Assistant Teacher | <input type="checkbox"/> Non-Teaching Support Staff:
(position) _____ |
| <input type="checkbox"/> Teacher (Group Leader – School Age) | |
| <input type="checkbox"/> Administrator (Site Supervisor – School Age) | |

Section 5: Career Goals Questions

What topics do you want to learn more about in the next year? (check all that apply)

- | | | |
|----------------------------------------------------------|---------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|
| <input type="checkbox"/> Child Care Licensing | <input type="checkbox"/> Financial supports to take college courses | <input type="checkbox"/> Financial rewards for longevity in the field |
| <input type="checkbox"/> Child Care Certification | <input type="checkbox"/> The Registry system | <input type="checkbox"/> CDA (Child Development Associate) |
| <input type="checkbox"/> Trainings in my area | <input type="checkbox"/> Earning a degree or credential | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Credit for Prior Learning (CPL) | <input type="checkbox"/> Teacher licensure from Wisconsin Dept. of Public Instruction (DPI) | |
| <input type="checkbox"/> Accreditation | | |
| <input type="checkbox"/> Taking college courses | | |

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

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

What would make pursuing your career 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 |

How/Where do you learn best? (check all that apply)

- | | |
|--------------------------------------------------------------------------------------------------------|---------------------------------------|
| <input type="checkbox"/> Face-to-face in a classroom, workshop, or local/regional/statewide conference | <input type="checkbox"/> Not sure |
| <input type="checkbox"/> Online courses/trainings | <input type="checkbox"/> Other: _____ |

What additional opportunities, if offered in your area, would help you grow professionally? (check all that apply)

- | | |
|-----------------------------------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> Learning in my program with a knowledgeable expert | <input type="checkbox"/> Not sure |
| <input type="checkbox"/> Learning in my program with a mentor | <input type="checkbox"/> Other (please describe): _____ |

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

- | | |
|-------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
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| <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 |

What additional support and/or resources do you need?

Is there any other information you'd like to share at this point?

(Phone) 800-783-9322 • (Office) 608-240-9880 • (Fax) 877-248-7622
<http://wisconsinearlychildhood.org>
2908 Marketplace Drive • Suite 101 • Fitchburg, WI 53719