

**APPENDIX K**

**Paraprofessional Demographics Form**

**Name** \_\_\_\_\_ **School Name** \_\_\_\_\_  
**Teacher Number** \_\_\_\_\_ **School Number** \_\_\_\_\_  
**Birth Date (Month, Day, Year):** \_\_\_/\_\_\_/\_\_\_

1. What is your gender?            \_\_\_ Female            \_\_\_ Male
2. What is your race?            \_\_\_ African American            \_\_\_ American Indian  
 (Select one or more)        \_\_\_ White                            \_\_\_ Pacific Islander/Hawaiian  
    \_\_\_ Asian                             \_\_\_ Multiracial  
    \_\_\_ Unknown
3. What is your ethnicity?        \_\_\_ Hispanic  
    \_\_\_ Non-Hispanic  
    \_\_\_ Unknown

4. EDUCATIONAL BACKGROUND AND PROFESSIONAL EXPERIENCE  
 Please check and complete for all that apply.

<u>Education</u>	<u>Major</u>	<u>Year Completed</u>
High School		
GED		
Non-degree program (e.g. Montessori, CDA)		
Some college/university		
Bachelor's degree		
Other (Please describe.)		

5. Please check all areas in which you have a current teaching certificate.

- |  |  |
|--|--|
| <input type="checkbox"/> Early Childhood   | <input type="checkbox"/> Gifted/Talented |
| <input type="checkbox"/> Middle Childhood  | <input type="checkbox"/> Administration  |
| <input type="checkbox"/> Secondary         | <input type="checkbox"/> Reading         |
| <input type="checkbox"/> ESOL              | <input type="checkbox"/> Other _____     |
| <input type="checkbox"/> Special Education |  |

6. Do you have any other special training?            \_\_\_ Yes            \_\_\_ No  
 Please describe.

7. Please describe any relevant experiences, other than education or training, that prepare you for your work in the classroom?

8. How many years have you been working in a classroom?            \_\_\_\_\_  
 9. How many years have you been working in kindergarten?            \_\_\_\_\_