

APPENDIX E

Teacher Demographics Form

Teacher 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		
Some graduate level classes		
Master's degree		
Education Specialist		
Doctorate		

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. How many years have you been teaching? _____

8. How many years have you been teaching kindergarten? _____