

Educators must be registered & active in the professional qualifications registry to take advantage of any professional development resources EEC makes available. Go to: <https://www.eec.state.ma.us/PQregistry/>

INTAKE/REGISTRATION FORM FY19 – Return to the Center for Childcare Careers at: www.cccfscm.org

Educator Information

Date:

First Name _____ Last Name _____

Active PQ Registry # (required) _____ Renewal Date (required) ___/___/___

Date of Birth ___/___/___ Email Address: _____

Street Address _____
City/Town _____ State/Zip _____
Primary Phone # _____

Employment Information

Provider/Program Name _____ City/Town _____
Work Phone # _____ Fax # _____ State/Zip _____

Select Program Type:

- | | | |
|--|---|--|
| <input type="checkbox"/> Family Child Care | <input type="checkbox"/> Group Child Care | <input type="checkbox"/> Residential and Placement |
| <input type="checkbox"/> School Age (OST) | <input type="checkbox"/> Head Start | <input type="checkbox"/> Early Intervention |
| <input type="checkbox"/> Public School Preschool | <input type="checkbox"/> Family Child Care System | <input type="checkbox"/> Other, specify: _____ |

Employment History

Number of Years in the field:

- Less than 1 year
- 1 – 5 Years
- 6 – 10 years
- 11 - 15 years
- 16 – 20 years
- More than 20 years

Please Circle current EEC Certification:

Assistant Teacher, Teacher, Lead Teacher,
Director I, Director II

Positions held (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Assistant Teacher | <input type="checkbox"/> FCC Assistant |
| <input type="checkbox"/> Teacher | <input type="checkbox"/> FCC Provider |
| <input type="checkbox"/> Lead Teacher | <input type="checkbox"/> Assistant Group Leader |
| <input type="checkbox"/> Assistant Director | <input type="checkbox"/> Group Leader |
| <input type="checkbox"/> Director | <input type="checkbox"/> Site Coordinator |
| <input type="checkbox"/> Other: Specify: _____ | |

Education/Professional Development History

Identify previous education (check all that apply):

- High school diploma or GED
- Some college
- Associate's degree in ECE or related field
- Associate's degree in unrelated field
- Bachelor's degree in ECE or related field
- Bachelor's degree in unrelated field

For Professional Development, I typically,

- Maintain required EEC hours
- Attend workshops (up to 2.5 hours)
- Take Continuing Education Unit (CEUs)
- Attend college courses
- Participate in online training
- Participate in distance learning
- Attend conferences
- Participate in support groups, professional network
- Attend training offered by my professional development organization

Professional Development Goals: Indicate the professional development goal you are working on this year.

Earn degree in ECE or related field

Associate's degree

Bachelor's degree

Master's degree

Earn degree in a non-related field with at least 12 college credits in ECE or Youth Development

Associate's degree

Bachelor's degree

Master's degree

Earn credential or certificate in ECE or related field

EEC credential

College

CDA Credential

Infant/toddler certificate

Preschool certificate

School age/ OST certificate

Administration certificate

Special education certificate

Other certificate, specify: _____

Specific Core Competency Area

Check Level of Competency:

Entry Level

Mid-Career

Advanced/Administrative

Area 1: Understanding the Growth and Development of Children and Youth

Area 2: Guiding and Interacting with Children and Youth

Area 3: Partnering with Families and Communities

Area 4: Health, Safety, and Nutrition

Area 5: Learning Environments and Curriculum

Area 6: Observation, Assessment, and Documentation

Area 7: Program, Planning and Development

Area 8: Professionalism and Leadership

Focus Area:

Infant and toddler development

Preschool development

School age development

Leadership/Administration

English language learner

Special education

- Do you have an Individual professional development plan (IPDP)? Yes No
- Would you like help creating an individualized professional development plan? Yes No
- Would you be interested in meeting with a coach or mentor to discuss your goals? Yes No
- May we contact you to offer coaching and mentoring supports and services? Yes No

For educators taking college courses:

- Are you matriculated** into a degree program? Yes No
- What college are you attending? _____
- Are you currently receiving the EEC Scholarship? Yes No
- If no, would you be interested in applying for the scholarship? Yes No

Are you receiving any of the following financial assistance?

- Federal Pell Grants
- Federal Student Loans
- Private Scholarships
- Private Student Loans

**** Matriculated is defined as: Admitted to a college or university and enrolled into a degree program.**

Signature of Participant _____

Date _____

Signature of Advisor _____

Date _____