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NC Pre-K Add /Change Teacher Request SFY 2017-2018

Please answer EVERY question clearly and completely and provide requested documentation to ensure quick and accurate approval process from DCDEE. Form will be returned if not completed in full.

1. Site Name: _____ Classroom Name in County Plan: _____
2. Teacher's Name: _____
First Middle Maiden Last
3. Teacher's Email: _____ Teacher's Birthday: _____
4. Teacher's Work Number: _____ Teacher's Contact Number: _____
5. Teacher's Workforce ID (WFID): _____
6. Date entered the NC Pre-K program this school year: ____ / ____ / ____ Returning Teacher Prospective Teacher
7. Teacher's NC Pre-K site/classroom placement prior year: N/A _____
8. Did this teacher replace another NC Pre-K teacher in this classroom? Yes No If yes, whom? _____
9. Teacher Type: Lead Long Term Sub Lead Assistant Long Term Sub Assistant
10. Which of the following best describes this teacher's ethnicity? Hispanic Non-Hispanic
11. Which of the following best describes this teacher's race? *(Check at least one, and all that apply)*
American Indian/Alaska Native Asian Black/African American Native Hawaiian/Other Pacific Islander
White/European American
12. **(Private Sites/Head Start only)** When did the lead teacher submit the completed enrollment package with required documents to the EESLPD office? Date submitted to EESLPD: _____
13. What is the teacher's current rate of pay? \$ _____ Hourly Weekly Bi-Weekly Monthly
14. Is the teacher offered the following salary enhancement or benefits? *(check all that apply)*
Health Insurance Dental Insurance Retirement Plan Life Insurance Paid Vacation Paid Sick
Paid Holidays Free/Discount Childcare None Other, specify: _____
15. Does this teacher receive the following salary enhancement or benefits? *(check all that apply)*
Health Insurance Dental Insurance Retirement Plan Life Insurance Paid Vacation Paid Sick
Paid Holidays Free/Discount Childcare None Other, specify: _____
16. Including salary and benefits, what is the approx. total value of your yearly compensation package? \$ _____
17. **(Cumberland County Schools Only)** Does the TA in meet the requirements for NCLB exception? Yes No
 If yes, check all that apply: 2 years of experience in an ECE classroom 6 ECE Semester Hours

18. Trainings received:

Training	Date Received
Foundations	
Creative Curriculum	
TS Gold	

Training	Date Received
ECERS-R	
ASQ-3 or Brigance	

19. What is the teacher's **CURRENT** highest degree/licensure/credentials?

Degree Earned	in ECE Fields	or ECE Related Field	and...
<input type="checkbox"/> Ph.D/Ed.D <input type="checkbox"/> MA/MS <input type="checkbox"/> BA/BS <input type="checkbox"/> AA/AAS <input type="checkbox"/> High School Diploma/GED <input type="checkbox"/> Less than high school diploma	<input type="checkbox"/> N/A <input type="checkbox"/> Birth-Kindergarten <input type="checkbox"/> Child Development <input type="checkbox"/> Child & Family Development <input type="checkbox"/> Early Childhood Education	<input type="checkbox"/> N/A <input type="checkbox"/> Child and Family Studies <input type="checkbox"/> Human Development & Family Studies <input type="checkbox"/> Human Growth & Development <input type="checkbox"/> Human Growth & Family Studies <input type="checkbox"/> Psychology <input type="checkbox"/> Other _____	Date Earned: _____ GPA: _____ ECE Hours: _____
License Earned			and...
<input type="checkbox"/> N/A <input type="checkbox"/> B-K/Pre-K/K Standard Prof I <input type="checkbox"/> B-K/Pre-K/K Standard Prof II <input type="checkbox"/> Provisional Pre-K/K Add-on <input type="checkbox"/> Provisional B-K License Add-on			<input type="checkbox"/> Provisional NC Teacher's License <input type="checkbox"/> NC Lateral Entry BK License <input type="checkbox"/> Other NC Teacher's License <input type="checkbox"/> Another State Teacher's License <input type="checkbox"/> International Licensure or Certification
<input type="checkbox"/> N/A <input type="checkbox"/> B-K/Pre-K/K Standard Prof I <input type="checkbox"/> B-K/Pre-K/K Standard Prof II <input type="checkbox"/> Provisional Pre-K/K Add-on <input type="checkbox"/> Provisional B-K License Add-on			Date Issued: _____ Date Effective: _____ Date Expires: _____
Credentials			Date Issued
<input type="checkbox"/> N/A <input type="checkbox"/> CDA <input type="checkbox"/> NC Early Childhood Credential <input type="checkbox"/> Other			_____/_____/_____

20. Is the teacher currently **WORKING ON** obtaining a degree, licensure or credentials? Yes No

Degree working on	in ECE Fields	or ECE Related Field	GPA 2.5 or Higher?
<input type="checkbox"/> N/A <input type="checkbox"/> Ph.D/Ed.D <input type="checkbox"/> MA/MS <input type="checkbox"/> BA/BS <input type="checkbox"/> AA/AAS <input type="checkbox"/> High School Diploma/GED	<input type="checkbox"/> N/A <input type="checkbox"/> Birth-Kindergarten <input type="checkbox"/> Child Development <input type="checkbox"/> Child & Family Development <input type="checkbox"/> Early Childhood Education	<input type="checkbox"/> N/A <input type="checkbox"/> Child and Family Studies <input type="checkbox"/> Human Development & Family Studies <input type="checkbox"/> Human Growth & Development <input type="checkbox"/> Human Growth & Family Studies <input type="checkbox"/> Psychology <input type="checkbox"/> Other _____	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No
License working on			6 Documented Hours?
<input type="checkbox"/> N/A <input type="checkbox"/> B-K/Pre-K/K Standard Prof I <input type="checkbox"/> B-K/Pre-K/K Standard Prof II <input type="checkbox"/> Provisional Pre-K/K Add-on <input type="checkbox"/> Provisional B-K License Add-on			<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No
Credentials working on			6 Documented Hours?
<input type="checkbox"/> N/A <input type="checkbox"/> CDA <input type="checkbox"/> NC Early Childhood Credential <input type="checkbox"/> Other			<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No
Additional Information			
What school is the teacher attending? _____ How many credit hours is the teacher taking this semester? _____ How many credit hours does the teacher have left to obtain her/his degree/license? _____ What is the teacher's expected graduation date? _____			

I certify that all of the above information is true and correct and my signature also confirms that the information provided on this application is accurate and complete.

I have enclosed the following documents if applicable to me:

- Copy of diploma (or transcript with degree earned date)
- Copy of most current transcript
- Copy of most current education plan
- Copy of licensure
- Copy of credential (CDA or NC ECC)
- Copy of EESLPD enrollment form (*private site/Head Start lead teachers only*)
- NC Pre-K Teacher Commitment Agreement form

Teacher's Signature _____ Date _____

Site Administrator's Signature _____ Date _____

