

## NC Pre-K Add /Change Lead Teacher Request SFY 2021-2022

***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
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. Trainings received:

| Training            | Date Received |
|---------------------|---------------|
| Foundations         |               |
| Creative Curriculum |               |
| TS Gold             |               |

| Training          | Date Received |
|-------------------|---------------|
| ECERS-R           |               |
| ASQ-3 or Brigance |               |
|                   |               |

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

| <b>Degree Earned</b>  | <b>in ECE Fields</b>   | <b>or ECE Related Field</b>  | <b>and...</b>   |
|---|--|--|---|
| <input type="checkbox"/> Ph.D./Ed.D<br><input type="checkbox"/> MA/MS<br><input type="checkbox"/> BA/BS<br><input type="checkbox"/> AA/AAS  | <input type="checkbox"/> N/A<br><input type="checkbox"/> Birth-Kindergarten<br><input type="checkbox"/> Child Development<br><input type="checkbox"/> Child & Family Development<br><input type="checkbox"/> Early Childhood Education | <input type="checkbox"/> N/A<br><input type="checkbox"/> Child and Family Studies<br><input type="checkbox"/> Human Development & Family Studies<br><input type="checkbox"/> Human Growth & Development<br><input type="checkbox"/> Human Growth & Family Studies<br><input type="checkbox"/> Psychology<br><input type="checkbox"/> Other _____ | Date Earned: _____<br>GPA: _____<br>ECE Hours: _____  |
| <b>License Earned</b>   |  |  | <b>and...</b>   |
| <input type="checkbox"/> N/A<br><input type="checkbox"/> B-K/Pre-K/Initial BK<br><input type="checkbox"/> B-K/Pre-K/Continuing BK<br><input type="checkbox"/> Provisional Pre-K/K Add-on<br><input type="checkbox"/> Provisional B-K License Add-on |  |  | <input type="checkbox"/> Provisional NC Teacher's License<br><input type="checkbox"/> NC Lateral Entry BK License<br><input type="checkbox"/> Other NC Teacher's License<br><input type="checkbox"/> Another State Teacher's License<br><input type="checkbox"/> International Licensure or Certification |
| <input type="checkbox"/> N/A<br><input type="checkbox"/> B-K/Pre-K/Initial BK<br><input type="checkbox"/> B-K/Pre-K/Continuing BK<br><input type="checkbox"/> Provisional Pre-K/K Add-on<br><input type="checkbox"/> Provisional B-K License Add-on |  |  | Date Issued: _____<br>Date Effective: _____<br>Date Expires: _____  |
| <b>Credentials</b>  |  |  | <b>Date Issued</b>  |
| <input type="checkbox"/> N/A <input type="checkbox"/> CDA <input type="checkbox"/> NC Early Childhood Credential <input type="checkbox"/> Other   |  |  | ____/____/____  |

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

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