NC Pre-K Add /Change Lead Teacher Request SFY 2022-2023

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	Training	Date Received
Foundations		ECERS-R	
Creative Curriculum		ASQ-3 or Brigance	
TS Gold			

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

Degree Earned	in ECE Fields	or ECE Related Field	and...
☐Ph.D/Ed.D ☐MA/MS ☐BA/BS ☐AA/AAS	☐N/A ☐Birth-Kindergarten ☐Child Development ☐Child & Family Development ☐Early Childhood Education	☐N/A ☐Child and Family Studies ☐Human Development & Family Studies ☐Human Growth & Development ☐Human Growth & Family Studies ☐Psychology ☐Other_____	Date Earned:_____ GPA: _____ ECE Hours: _____

License Earned		and...
☐N/A ☐B-K/Pre-K/Initial BK ☐B-K/Pre-K/Continuing BK ☐Provisional Pre-K/K Add-on ☐Provisional B-K License Add-on	☐Provisional NC Teacher's License ☐NC Lateral Entry BK License ☐Other NC Teacher's License ☐Another State Teacher's License ☐International Licensure or Certification	Date Issued: _____ Date Effective: _____ Date Expires: _____

Credentials	Date Issued
☐N/A ☐CDA ☐NC Early Childhood Credential ☐Other	_____/_____/_____

19. 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?
☐N/A ☐Ph.D/Ed.D ☐MA/MS ☐BA/BS	☐N/A ☐Birth-Kindergarten ☐Child Development ☐Child & Family Development ☐Early Childhood Education	☐N/A ☐Child and Family Studies ☐Human Development & Family Studies ☐Human Growth & Development ☐Human Growth & Family Studies ☐Psychology ☐Other_____	☐N/A ☐Yes ☐No **6 Documented Hours?** ☐N/A ☐Yes ☐No

License working on		6 Documented Hours?
☐N/A ☐B-K/Pre-K/K Standard Prof I ☐B-K/Pre-K/K Standard Prof II ☐Provisional Pre-K/K Add-on ☐Provisional B-K License Add-on	☐Provisional NC Teacher's License ☐NC Lateral Entry BK License ☐Other NC Teacher's License ☐Another State Teacher's License ☐International Licensure or Certification	☐N/A ☐Yes ☐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