



Partnership FOR CHILDREN

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OF CUMBERLAND COUNTY

**NC Pre-K Teacher Assistant Add /Change Request SFY 2025-2026**

1. Site Name: \_\_\_\_\_ Classroom Name in County Plan: \_\_\_\_\_
2. Teacher's Name: \_\_\_\_\_  
First Middle Maiden Last
3. Teacher's Email: \_\_\_\_\_ Teacher's Contact Number: \_\_\_\_\_
4. Teacher's Workforce ID (WFID): \_\_\_\_\_
5. Request to: ☐ Add New Teacher ☐ Change Teacher
6. Teacher Type: ☐ Teacher Assistant ☐ Long-Term Sub Teacher Assistant
7. Date entered the NC Pre-K program this school year: \_\_\_\_\_ ☐ Returning Teacher ☐ Prospective Teacher
8. Did this teacher replace another NC Pre-K teacher in this classroom? ☐ Yes ☐ No If yes, whom? \_\_\_\_\_
9. Which of the following best describes this teacher's ethnicity? ☐ Hispanic ☐ Non-Hispanic
10. 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
11. Does the Teacher Assistant hold any of the following degree or credentials?  
☐ BA/BS Major: \_\_\_\_\_ Date Issued: \_\_\_\_\_  
☐ AA/AAS Major: \_\_\_\_\_ Date Issued: \_\_\_\_\_  
☐ High School Diploma/GED: \_\_\_\_\_ Date Issued: \_\_\_\_\_  
☐ CDA Date Issued: \_\_\_\_\_
12. Is the Teacher Assistant working toward a degree with a minimum of six semester hours per year?  
☐ BA/BS Major: \_\_\_\_\_ Projected Issue Date: \_\_\_\_\_  
☐ AA/AAS Major: \_\_\_\_\_ Projected Issue Date: \_\_\_\_\_

***I certify that all of the above information is true and correct and my signature also confirms that the information provided on this form 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 credential (CDA)
- ☐ NC Pre-K Teacher Commitment Agreement form

\_\_\_\_\_  
Teacher Assistant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Site Administrator's Signature

\_\_\_\_\_  
Date