Partnership FOR CHILDREN OF CUMBERLAND COUNTY

a partner in the Smart Start network.

NORTH CAROLINA NC Pre-K Prekindergarten Program

NC Pre-K Teacher Assistant Add /Change Request SFY 2026-2027

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