



**California Transitional Kindergarten/State Preschool Stipend  
(CTKS) Program  
CTKS Reimbursement Re-Application**

**IMPORTANT: Unofficial College Transcript must be attached to this application.**

PERSONAL INFORMATION - (PLEASE PRINT)		
LAST NAME:	FIRST NAME:	MIDDLE INITIAL:
MAILING ADDRESS:		APT#:
CITY:	STATE	ZIP CODE:
HOME PHONE:	WORK PHONE:	CELL/OTHER:
LAST 5 DIGITS OF SOCIAL SECURITY: XXX-X _____	WORK EMAIL: _____	
	PERSONAL EMAIL: _____	

Has your employment changed since your initial application? YES  NO

**If yes, complete the Employment Information, otherwise move on to the RECEIPTS section below.**

EMPLOYMENT INFORMATION		
EMPLOYER: (Name of school district, corporation, etc.)		
SITE NAME:		
ADDRESS:	CITY:	ZIP CODE:
PRINCIPAL/DIRECTOR'S NAME:		PHONE:
EMPLOYMENT START DATE FOR THE CDE PROGRAM YOU CURRENTLY WORK IN: MM/DD/YYYY: _____		
HOURS WORKED PER WEEK:	NUMBER OF CHILDREN IN YOUR CLASSES:	
PROGRAM OF CHILDREN YOU ARE CURRENTLY WORKING WITH: (PLEASE CHECK BELOW)		
CA TRANSITIONAL KINDERGARTEN PROGRAM (CTKS) <input type="checkbox"/> CA STATE PRESCHOOL PROGRAM (CSPP) <input type="checkbox"/>		

**RECEIPTS: Attached receipts for tuition reimbursements are as follows (include syllabus if requesting books):**

	Amount	Description/Course Title
<b>Tuition</b>	_____	_____
<b>Fees</b>	_____	_____
	_____	_____
<b>Books</b>	_____	_____
	_____	_____
	_____	_____
<b>Total</b>	_____	_____

Applicant's Printed Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Vendor/Organization Code \_\_\_\_\_

Title of Training \_\_\_\_\_

Date \_\_\_\_\_ (mm/dd/yyyy)

Complete this form if you work directly with children in a **child care center, school-age child care, family child care home, elementary school classroom (e.g., TK)** or as an **individual child care provider**.

### Confidential Profile for Direct Service Participants

#### California Department of Education, Early Education and Support Division, Quality Improvement Training

This training is funded through the California Department of Education (CDE), Early Education and Support (EESD) Division with Child Care Development Fund Quality Improvement dollars. The collection of this information will help to inform CDE and other stakeholders about who participates in professional development activities and inform state planning efforts.

These questions are asked for statistical reporting purposes only and the information collected will be used only for statistical purposes. Your individual information is **confidential** and no individual identifying information will be reported.

The following three questions are asked in order to allow the CDE to collect and update information each time you participate in a quality improvement training, without needing to collect your name. Individual information remains confidential and will not be reported in any way. Please complete this information each time you receive this form.

1. What is your date of birth? \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/dd/yyyy)
2. In what city were you born? \_\_\_\_\_
3. What are the last five digits of your social security number? X X X - X \_\_\_\_ - \_\_\_\_

#### Education Information

4. What is your highest level of education? Please check only one answer.
 

<input type="checkbox"/> No high school diploma/No GED	<input type="checkbox"/> AA/AS (2-year college degree)	<input type="checkbox"/> Master's degree
<input type="checkbox"/> High School diploma/GED	<input type="checkbox"/> BA/BS (4-year college degree)	<input type="checkbox"/> Doctorate
5. Do you have a college degree from a foreign country?
 

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> I do not have a degree
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6. If you have a degree, please select the area that best represents the major for any degree you have attained. Please check all that apply.

Degree	ECE/Child or Human Development	Education/Psychology/Social Work	Business/Math/Science/Health	Other
AA/AS/2-year college	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BA/BS/4-year college	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Master's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doctorate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. If you hold a current California child development permit, indicate your current level:
 

<input type="checkbox"/> I do not have a permit	<input type="checkbox"/> Associate teacher	<input type="checkbox"/> Master teacher	<input type="checkbox"/> Program director
<input type="checkbox"/> Assistant teacher	<input type="checkbox"/> Teacher	<input type="checkbox"/> Site supervisor	
<input type="checkbox"/> Children's Center Instruction	<input type="checkbox"/> Children's Center Supervision		
8. If you hold a current California teaching credential, indicate which credential(s). Please check all that apply.
 

<input type="checkbox"/> I do not have a credential	<input type="checkbox"/> Early Childhood Special Education	<input type="checkbox"/> School Nurse Services	<input type="checkbox"/> Other
<input type="checkbox"/> Administrative Services	<input type="checkbox"/> Multiple Subject	<input type="checkbox"/> Single Subject	
<input type="checkbox"/> Bilingual Specialist	<input type="checkbox"/> Pupil Personnel Services	<input type="checkbox"/> Specialist Instruction	
<input type="checkbox"/> Clinical/Rehabilitative Services	<input type="checkbox"/> Reading/Language Arts	<input type="checkbox"/> Speech-Language Pathology	

**IF YOU ARE NOT CURRENTLY EMPLOYED IN ECE, SKIP TO QUESTION #22.**

**Employment Information**

**9. Which best describes the setting or program you primarily work in? Please check only one answer.**

- Licensed child care center/early childhood program (including Head Start, After-school program, etc.)
- License-exempt center or school-age program (e.g. Cal-SAFE, military child care, parent co-op)
- Informal provider (family, friend, neighbor)
- Licensed family child care home
- Other (please specify) \_\_\_\_\_

**10. If you work in a center or school-based ECE program, which best describes your primary position?**

- Assistant teacher/teacher aide/associate
- Site supervisor
- Director – multi-site
- Teacher/lead teacher/associate
- Assistant Director
- Executive director
- Teacher-director
- Director – single site
- Other (please specify) \_\_\_\_\_
- Specialized teaching staff (e.g. special education teacher, supervising master teacher, tutor)
- Professional support staff (e.g. curriculum specialist, mental health consultant)

If working as a substitute please specify position type in which you more frequently work as a substitute.

**11. If you work in a family child care home, which best describes your primary position?**

- Owner/operator of the family child care
- Assistant in the family child care
- Other (please specify) \_\_\_\_\_

**12. What is your city of employment?** \_\_\_\_\_

**13. What is your county of employment?** \_\_\_\_\_

**14. What is your zip code of employment?** \_\_\_\_\_

**15. Please write in (if less than one year, write in 1):**

- Number of years you have been employed in the ECE field \_\_\_\_\_
- Number of years you have been employed with your current employer \_\_\_\_\_
- Number of years you have been employed in your current position with your employer \_\_\_\_\_

**16. How many paid hours per week and months per year do you work at your current job, on average?**

- Number of paid hours per week \_\_\_\_\_
- Number of months per year \_\_\_\_\_

**17. How many children are currently enrolled in your classroom or program? If you are a teacher, provide the number of children in your classroom. If you are a director or work in a family child care home, provide the number of all the children in your program.** \_\_\_\_\_

**18. How many children of the following age groups are in your classroom, child care center, or family child care home? This number should equal the number of children that you listed above in question 17.**

- Less than one year \_\_\_\_\_
- 1 year old \_\_\_\_\_
- 2 years old \_\_\_\_\_
- 3 years old \_\_\_\_\_
- 4 years old through prekindergarten \_\_\_\_\_
- School-age in before/after school program \_\_\_\_\_

**19. Do you currently care for children who are dual language learners?**

- Yes
- No
- Don't know

**20. Do you currently care for children who have an Individualized Family Service Plan (IFSP), an Individualized Education Plan (IEP)?**

- Yes
- No
- Don't know

**21. What is your current gross salary, for this early care and education job, (before taxes and other deductions)? Please**

**Respond only once – by hour or by month or by year.** Wage information is collected to help the California Department of Education better understand and report on wage levels of early care and education providers. All information will remain confidential and will be used for statistical purposes only.

- Per hour \_\_\_\_\_ or Per month \_\_\_\_\_ or Per year \_\_\_\_\_

**Demographic Information** This information is collected to help the California Department of Education better understand the characteristics and needs of people participating in their education and training programs. All information will remain confidential and will be used for statistical purposes only.

**22. What is your gender?**

- Female  Male

**23. How do you identify your race/ethnicity? Please check only one answer.**

- Asian  Native American/Alaskan  Multi-racial  
 Black/African-American  Pacific Islander  Other (please specify) \_\_\_\_\_  
 Latino/Hispanic  White/Caucasian

**24. What is the primary language you speak at home?**

- English  Spanish  Hmong  
 Mandarin and/or Cantonese  Tagalog  Other (please specify) \_\_\_\_\_  
 Russian  Vietnamese

**25. Please check all the languages you speak fluently.**

- English  Spanish  Hmong  
 Mandarin and/or Cantonese  Tagalog  Other (please specify) \_\_\_\_\_  
 Russian  Vietnamese

**26. The California ECE Workforce Registry is a state, regional and local collaboration designed to track and promote the education, training and experience of the early care and education workforce for the purpose of improving professionalism and workforce quality to positively impact children. If you would like more information or to sign up for this workforce registry please go to their website: <https://www.caregistry.org/>**

If you have a registry ID number, do you give us permission to include the information provided on this form (including date of birth, and last five digits of your social security number) to the registry? Submission of your information to the registry will be done in a confidential and secure manner.

- Yes  No

If you checked "yes" please enter your number below.  
Your registry ID number: \_\_\_\_\_.

**Thank you very much for completing the registration form!**