



2021-22 TEACHER INFORMATION AND CONSENT FORM

First, Middle, and Last Name		Workforce Registry ID	Date of Birth (MM/DD/YY)
Work Email Address		10-Digit Cell Phone Number (for example, 333-555-8888)	
Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	Race (check all that apply) <input type="checkbox"/> Alaskan Native/American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Other, specify: <input type="checkbox"/> Black/African-American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White/Caucasian		
Primary Language (check one box) <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Arabic <input type="checkbox"/> Cantonese <input type="checkbox"/> Mandarin <input type="checkbox"/> Vietnamese <input type="checkbox"/> Tagalog (Filipino) <input type="checkbox"/> Korean <input type="checkbox"/> Other, specify:			
All Other Languages (if you are multilingual, check all languages in which you are fluent) <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Arabic <input type="checkbox"/> Cantonese <input type="checkbox"/> Mandarin <input type="checkbox"/> Vietnamese <input type="checkbox"/> Tagalog (Filipino) <input type="checkbox"/> Korean <input type="checkbox"/> Other, specify:			
What is your current level of education? (select highest level completed) <input type="checkbox"/> Some High School <input type="checkbox"/> High School Diploma/GED <input type="checkbox"/> Associate Degree (AA/AS) <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> Doctorate/PhD/MD			
Field of study for highest degree completed (e.g., Math, Early Childhood Education, Child Development, Elementary Education, etc.)			
Is this degree from a foreign country? <input type="checkbox"/> Yes <input type="checkbox"/> No	Number Early Childhood Education/Child Development units completed (enter "0" if none):		
When did you begin working in the field of child care or early childhood education? (please enter the year)			
Do you hold a California Child Development Permit? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, select permit level <input type="checkbox"/> Assistant <input type="checkbox"/> Associate <input type="checkbox"/> Teacher <input type="checkbox"/> Master Teacher <input type="checkbox"/> Site Supervisor <input type="checkbox"/> Program Director		
Permit Valid Date	Permit Expiration Date		
Site Name	Classroom Name	Classroom Session <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> AM/PM <input type="checkbox"/> Full Day	
Type of Provider (check one box) <input type="checkbox"/> Center-Based Child Care/ECE <input type="checkbox"/> Licensed Family Child Care <input type="checkbox"/> Transitional Kindergarten Teacher <input type="checkbox"/> Kindergarten Teacher <input type="checkbox"/> Health Care Provider <input type="checkbox"/> Nanny <input type="checkbox"/> Relative Caregiver <input type="checkbox"/> Not Currently Working <input type="checkbox"/> Other, specify:			
Position <input type="checkbox"/> Lead Teacher <input type="checkbox"/> Teacher <input type="checkbox"/> Assistant Teacher <input type="checkbox"/> Aide <input type="checkbox"/> Site Supervisor <input type="checkbox"/> Program Director <input type="checkbox"/> Other, specify:			
When did you begin working in this position? (please enter the start date)			



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READY4K: FUN FACTS AND EASY TIPS TO SUPPORT YOUR STUDENTS' LEARNING!

The Big Lift is sending families in your program text messages with FUN FACTS and EASY TIPS to promote literacy at home.

Would you like to receive these messages so that you can support and reinforce the tips as you work with children and families? (check "yes" or "no" and sign)

Yes No Signature: _____

Select Your Texting Language:

- English Spanish Chinese
- Arabic Vietnamese

DATA SHARING AND EVALUATION

San Mateo County Office of Education (SMCOE) maintains a secure, centralized database for program administration. The database is used by several agencies to support and improve early childhood-related activities in San Mateo County.

- This form asks for your name, date of birth, contact information, gender, ethnicity, language, level of education, and background in the field of early childhood education. You can skip any question you do not want to answer.
- This information is entered into SMCOE's database. Only authorized representatives of SMCOE and your program can see this information.

To improve SMCOE early learning program activities and best serve children and families in the community, SMCOE will use information stored in this database (in this form and, if applicable, information collected through the AB212 Teacher Stipend Program) for program administration purposes only.

- SMCOE places top priority on the security and confidentiality of teacher information and ensures that information is protected by law and in accordance with data security mandates.
- Your information will only be shared with authorized SMCOE staff and partner agencies to the extent needed for the implementation of SMCOE's early learning programs.
- **Reports will not include your private information.** Reports will never include your name, birthdate, or any other information that could identify you.

SMCOE may receive requests for individual-level data from organizations for research purposes. Please indicate whether you consent to sharing information by checking one of the boxes below. Consent for sharing data with other organizations is voluntary. Regarding consent:

- You can withdraw consent at any time. To do this, send a request to:
Early Learning Support Services, San Mateo County Office of Education
101 Twin Dolphin Drive, Redwood City, CA 94065 ATTN: Diana Harlick
- For more information about data collection or consent, please call: 650-802-5642.

I consent to share my data with other organizations for research purposes. All research projects will be required to follow SMCOE's data security requirements. This includes securely storing confidential information and ensuring that only authorized individuals can see my information. This also includes ensuring that information that could identify you is never shared in any report.

Name of Individual (**printed name**)

Signature

Date Signed

I do not consent to share my information. The data collected can only be used for SMCOE's early learning program administration purposes and cannot be shared with other organizations for research purposes.

Name of Individual (**printed name**)

Signature

Date Signed