

Paraprofessional Program Consent Form, 2010-2011

If you hold any MS or SS preliminary or Professional Clear Credential or Level I Education Specialist Credential, do NOT complete this form. Please complete the Graduate Form!

The California School Paraprofessional Teacher Training Program (PTTP) is a state-funded program of support for prospective public school teachers. Participation in the PTTP is restricted to those paraprofessionals (instructional aide, teacher aide) identified in Education Code Section 44392 who are currently employed in a school district or county office of education that has been awarded a PTTP grant. It is not an individual scholarship program. By completing this consent form, you will join your local Paraprofessional program.

It is important to collect information on prospective public school teachers as we work to address the teacher shortage. The *California Information Practices Act* and the *Federal Privacy Act* provide that agencies requesting information indicate the principal purposes for which that information is used. Information gathered on this consent form will be used to determine funding for your PTTP program.

I agree to participate in the Paraprofessional Program during the 2010-2011 school year.

*County _____

*School District _____

* School Name _____

1. First Name _____

Last Name _____

email address

(If available) _____

2. What is your gender? Male Female

What is the year of your birth _____?

* Questions that need to be updated for continuing Paras.

3. What is your ethnicity?

- African American or Black
- Asian American/Asian/Indian (e.g. Chinese, Japanese)
- Latino, Latin American, Puerto Rican, Mexican American, Chicano or other Hispanic
- SE Asian American/SE Asian (e.g. Cambodian, Hmong)
- Pacific Islander, Filipino
- Caucasian (non-Hispanic)
- Native American/Alaskan Native
- Other _____

Are you fluent in a language other than English?

- Yes, if so please indicate language(s) No

- | | | |
|-------------------------------------------------|-----------------------------------|--------------------------------------|
| <input type="checkbox"/> American Sign Language | <input type="checkbox"/> German | <input type="checkbox"/> Punjabi |
| <input type="checkbox"/> Armenian | <input type="checkbox"/> Hmong | <input type="checkbox"/> Russian |
| <input type="checkbox"/> Cambodian | <input type="checkbox"/> Japanese | <input type="checkbox"/> Spanish |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Korean | <input type="checkbox"/> Tagalog |
| <input type="checkbox"/> Farsi | <input type="checkbox"/> Lao | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> French | <input type="checkbox"/> Mien | <input type="checkbox"/> Other _____ |

*4. What is your total household income?

- Under \$10,000 \$10,000-20,000 \$20,001-30,000
- \$30,001-40,000 \$40,001-50,000 Over \$50,000

*Are you the head of the household? Yes No

*What is the total number of members in your household?

*Do you pay for your own medical insurance?

- Yes No N/A: do not have medical insurance

Questions 5-9 are on the back of this page

*5. How many years—including the current year—have you been in the Paraprofessional Teacher Training Program?

- 1 2 3 4
 5 6 7 8 or more

6. Are you the first member of family to attend college?

- Yes No

*Please indicate your current college attendance

- Community College CSU
 UC Private Institution

Please indicate specific college or campus

*If you are attending CSU, UC or a private institution,

what are you working towards—select ONLY 1?

- BA or BS Credential

*What is your current credential goal?

- Multiple Subject
 Single Subject
 Education Specialist*

*Please indicate if your credential goal includes?

- BCLAD (bilingual certification)
 CLAD (authorization to teach English Learners)
 Neither: a MS or SS (Ryan) credential without an EL authorization
 A SB 2024 Credential which includes an EL authorization
 *Does not apply (**Education Specialist** candidates)

*7. Choose the response that best describes your CBEST experience:

- Passed entire CBEST
 Passed two sections
 Passed on section
 Took CBEST, but did not pass any sections
 Have not taken CBEST

*8. Are you **currently** employed as a teacher of record?

- Yes No

*If yes, what certification do you currently hold?

- University or District Intern Credential
 Provisional Internship Permit
 Short Term Staff Permit

9. What is your Social Security Number? _____ - _____ - _____
(requested to track the Paraprofessional Program's funding)

Please return this form to your Paraprofessional Director