

Room Number:	Room Name:	Ages of Children:	Avg. Daily Attendance:

**Teaching Staff Qualifications and Continuing Education Report**

Name:			<input type="checkbox"/> Director/Admin. <input type="checkbox"/> Assistant Dir.	
Date of Hire:	Date of Birth/Age:	Work Schedule:	<input type="checkbox"/> Lead Teacher	
		From _____ AM/PM To _____ AM/PM	<input type="checkbox"/> Assistant Teacher	
Highest Degree with Field or Credential:		First Aid & CPR Expiration Date:	# of Credits In ECE/ECD:	Years of Experience:
			<input type="checkbox"/> Teacher Aide <input type="checkbox"/> Substitute	
			<input type="checkbox"/> Other: _____	

<b>VERIFICATION</b>	<b>V</b>	<b>NV</b>
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Training Topic and Type (Webinar, In-Service, College)	Date Completed	# of Hours	Training Topic and Type (Webinar, In-Service, College)	Date Completed	# of Hours

<b>Total Number of Training Hours</b>			
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Has this director/administrator, teacher or regularly scheduled substitute completed least 24 clock hours of continuing education based on individual competency needs, or 30 hours of job-related training if in the first year of employment?	Yes	No
<b>VERIFICATION</b>	<b>V</b>	<b>NV</b>