

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

VERIFICATION **V** **NV**

Training Topic and Type (Webinar, In-Service, College)	Date Completed	# of Hours	Training Topic and Type (Webinar, In-Service, College)	Date Completed	# of Hours

Total Number of Training Hours		
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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
VERIFICATION	V NV