



# Instructor Information

PLEASE PRINT. COMPLETE ENTIRE FORM.

Date:			
<b>I. Personal Information</b>			
SSN: XXX-X_ - _ _ _ _	Date of Birth:	Maiden Name:	
First Name:	MI:	Last Name:	
Mailing Address:			
City:	State:	Zip:	County:
Home Phone:	Cell Phone:	E-mail:	
<b>II. Employment Information</b>			
Current Employer:			
Mailing Address:			
City:	State:	Zip:	County:
Phone:	Fax:	E-mail:	
Job Title ( <i>choose one</i> ):			
Teacher	Lead Teacher	Family Provider	Substitute Teacher
Teacher's Aide/Assistant	Co-Teacher	Director	Substitute Aide
Home Visitor	College Professor	Trainer	Other
Years of paid experience in Early Childhood:			
1 – 5	6 – 10	11+	
Work Site ( <i>Choose the one that best fits your program</i> ):			
Family Provider	Head Start	Public School	Facility
Child Care Center	Pre-K	Private Preschool	Higher Education
Ages of children/adults you work with:			
Infants/Toddlers	Preschool	School-Age	High School or above
<b>III. Educational Information</b>			
Are you registered on the WV STARS Career Pathway?	What Level?	STARS #:	
Highest degree you have obtained:	Bachelor's Degree	Master's Degree	Doctorate
Are you an ACDS Journeyperson?	Yes	No	
<b>IV. ACDS Information</b>			
Year completed ACDS Instructor Training:	Currently Instructing?	Yes	No
Semesters taught:			
First	Second	Third	Fourth
Counties in which you are willing to instruct:			
1.	2.	3.	4.
<b>V. Other Information</b>			
Gender:	Age:	Ethnicity: ( <i>Mark One</i> )	Race: ( <i>Mark One or More</i> )
Male	18 - 25      36 - 45	Hispanic/Latino	American Indian or Alaskan Native      Asian
Female	26 - 35      46+	Not Hispanic/Latino	Black/African American      White
			Native Hawaiian or Pacific Islander

Submit completed form to:  
 Sherrie Myers, ACDS State Coordinator  
 611 7<sup>th</sup> Avenue Suite 208  
 Huntington, WV 25701

Office Use Only	Date	Initials
Scanned		
Entered		