

**2006 Educational Staff Information - NOTHING ON THIS FORM MAY BE LEFT BLANK**

This is also a work form for QA.

The data collected will assist you in rating Indicator 9 for Residential and Day Treatment Programs and Indicator 6 for Detention Centers.

School Name: [redacted]

District-School #: [redacted]

Date of Review: [redacted]

Reviewer: [redacted]

Max Periods Taught Per Day: [redacted] Block Scheduling: Yes  No

Include teachers and on-site education support/administration (Lead Educator, Principal/ Assistant Principal, ESE and Guidance).

**For the Duties field:** Enter 'Primary', 'Yes,' or 'No' on every line. Each person MUST have one primary (and only one primary). For Admin (A), ESE (E), and Guidance (G), any time amount over 5% enter 'yes,' then determine if 'primary.' Teaching (T) one class or more enter 'yes' or 'primary.' If the instructor does not have an SOE but has submitted an application for one, mark "SOE" as the certification type.

Teacher Information		Names of all <i>credit bearing</i> classes taught. Specify whether each course is high school, middle school, or both. List vocational areas and additional subjects taught in bottom box.	Duties: See methodology for directions	Specific Area(s) of Certification AND Type of Certification Under 'Coverage of Certification,' for ESE specialties, choose ESE in drop-down menu, and specify specialty in bottom box. Under 'Type of Certification,' if Expired, indicate type of Expired Certificate in bottom box. If Certification is vocational, list vocational area in the appropriate field.		Years of Prof. Experience (Teaching, ESE, Guidance, or Admin)	F/T or P/T employment with this <i>specific</i> program
Last Name: [redacted] First Name: [redacted]		1) [redacted] <input type="checkbox"/> Elem/M.S. <input type="checkbox"/> H.S. <input type="checkbox"/> All levels <input type="checkbox"/> S/C ESE	T= [redacted]	Coverage of Certification	Type of Certification	Total Years F/T professional Teaching/ESE/ Admin/Guidance Years: [redacted]	FT <input type="checkbox"/> PT <input type="checkbox"/>
<input type="checkbox"/> Male <input type="checkbox"/> Female	# periods taught daily: [redacted]	2) [redacted] <input type="checkbox"/> Elem/M.S. <input type="checkbox"/> H.S. <input type="checkbox"/> All levels <input type="checkbox"/> S/C ESE	A= [redacted]				
Degree Area(s) BA/BS: [redacted] MA/MS [redacted] Advanced Master's/Ed.S: [redacted] Ph.D/Ed.D: [redacted] None: [redacted]		3) [redacted] <input type="checkbox"/> Elem/M.S. <input type="checkbox"/> H.S. <input type="checkbox"/> All levels <input type="checkbox"/> S/C ESE	E= [redacted]	2) [redacted]	[redacted]	Total Years and Months at this program : Years: [redacted]	
Ethnicity [redacted] Age [redacted]		4) [redacted] <input type="checkbox"/> Elem/M.S. <input type="checkbox"/> H.S. <input type="checkbox"/> All levels <input type="checkbox"/> S/C ESE		3) [redacted]		Months: [redacted]	
Extra Classes: [redacted]		5) [redacted] <input type="checkbox"/> Elem/M.S. <input type="checkbox"/> H.S. <input type="checkbox"/> All levels <input type="checkbox"/> S/C ESE	G= [redacted]	Additional Teaching Certification Coverages: [redacted]			
Career or Other Classes [redacted]		6) [redacted] <input type="checkbox"/> Elem/M.S. <input type="checkbox"/> H.S. <input type="checkbox"/> All levels <input type="checkbox"/> S/C ESE		HOUSSE Coverages: [redacted]			