



PROVIDER REGISTRATION WORKSHOP & TECHNICAL ASSISTANCE

This section to be completed by program staff

Workshop Series Title _____

Workshop Series Begins _____ Ends _____ No. of Workshops in Series _____ Sequence No. _____

Client Information – PERSIMMONY HOME SCREEN

(Must be completed by ALL professionals prior to receiving training or workshop participation)

A. Name: First _____ Middle _____ Last _____

B. Date of Birth: ____/____/____ **C. Gender:** Male Female

D. Race/Ethnicity (Check ONE only):

- | | | |
|--|---|---|
| <input type="checkbox"/> White/Caucasian | <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> Black/African-American |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Alaska Native or American Indian | <input type="checkbox"/> Multi-Racial |
| <input type="checkbox"/> Hmong | <input type="checkbox"/> Pacific Islander | <input type="checkbox"/> Other /Unknown: _____ |

E. Contact Information

Phone: _____ Cell Phone _____

Work Street # _____ City: _____ ZIP Code: _____

F. Email Address (Required for all Workshop Participants)

Work Email Address: _____@_____

Alternative Email Address: _____@_____

PROVIDER INTAKE – PERSIMMONY ASSESSMENT SCREEN

PI01. What is the name of your current employer?

PI02. Which best describes your current job?

- Family Child Care Provider Child Care Center Staff Director of a Child Care Center
 Other

PI03. What is the highest education level you have completed? (check ONE only)

- | | | |
|--|--|---|
| <input type="checkbox"/> Less than 9 th grade | <input type="checkbox"/> Some college, no degree | <input type="checkbox"/> Vocational/Technical |
| <input type="checkbox"/> 9 th to 12 th grade, no diploma | <input type="checkbox"/> Associate degree | <input type="checkbox"/> Graduate/professional degree |
| <input type="checkbox"/> High school graduate or GED equivalent | <input type="checkbox"/> Bachelor's degree | <input type="checkbox"/> Don't Know/Declined |

PI04. Primary Language Spoken (Check ONE box):

- English Spanish Korean Vietnamese Cantonese
 Mandarin Hmong Indigenous Mexican (such as Mixteco) Other/Unknown: _____

PI05. How did you learn about these workshops?

- Received a Mailing/Post Card Family Child Care Association Newsletter Colleague
 Monitor/Technical Assistant Employer Other: _____

PI06. What is your goal in attending these workshops?

- My choice or interest Required by licensing Required by my employer
 Recommended by colleague/another professional Other: _____