



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. How did you learn about these workshops?

<input type="checkbox"/> Received a Mailing/Post Card	<input type="checkbox"/> Family Child Care Association	<input type="checkbox"/> Newsletter	<input type="checkbox"/> Colleague
<input type="checkbox"/> Monitor/Technical Assistant	<input type="checkbox"/> Employer	<input type="checkbox"/> Other	

PI05. What is your goal in attending these workshops?

<input type="checkbox"/> My choice or interest	<input type="checkbox"/> Required by licensing	<input type="checkbox"/> Required by my employer
<input type="checkbox"/> Recommended by colleague/another professional	<input type="checkbox"/> Other	