

Training organization code 7134DTC9

Title of training Community College Program

Date ____ / ____ / ____ (mm/dd/yyyy)

Complete this form if you work in a **child care center, school-age child care, family child care home, or as an individual child care provider.**

Confidential Profile for Direct Service Participants

California Department of Education, Child Development Division, Quality Improvement Training

This training is funded through the California Department of Education (CDE), Child Development Division with Child Care Development Fund Quality Improvement dollars. The collection of this information will help to inform CDE and other stakeholders about who participates in professional development activities and inform state planning efforts.

These questions are asked for statistical reporting purposes only and the information collected will be used only for statistical purposes. Your individual information is **confidential** and no individual identifying information will be reported.

The following three questions are asked in order to allow the CDE to collect and update information each time you participate in a quality improvement training, without needing to collect your name. Individual information remains confidential and will not be reported in any way. Please complete this information each time you receive this form.

1. What is your date of birth? ____ / ____ / ____ (mm/dd/yyyy)
2. In what city were you born? _____
3. What are the last five digits of your social security number? X X X - X _____ - _____

Note: This short form is to be used when there is no change to the participant's education, employment or demographic information.

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