

California School Paraprofessional Teacher Training Program (CSPTTP) Questionnaire
Please answer all of the following questions. This information is required by the State.

PERSONAL IDENTIFICATION

Name: _____ Social Security #: _____
 Address: _____
 City: _____ Zip Code: _____
 Home Phone #: _____ Cell Phone #: _____
 E-mail Address: _____

Gender: Female Male

Ethnicity: African American/Black Native American/Alaskan Native
 Armenian Caucasian (non-Hispanic)
 Pacific Islander, Filipino Middle Eastern
 Latino, Latin American, Puerto Rican, Mexican American, Chicano, or other Hispanic
 SE Asian American/SE Asian (e.g. Cambodian, Hmong)
 Other: please specify: Asian American/Asian/Indian
 (e.g. Chinese, Japanese)

Are you **fluent** in another language in a language other than English? Yes No

If so, please indicate which language(s):

<input type="checkbox"/>	Armenian	<input type="checkbox"/>	French	<input type="checkbox"/>	Spanish	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	German	<input type="checkbox"/>	Farsi	<input type="checkbox"/>	Cambodian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chinese
<input type="checkbox"/>	Lao	<input type="checkbox"/>	Hmong	<input type="checkbox"/>	Mien	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vietnamese
<input type="checkbox"/>	Japanese	<input type="checkbox"/>	Tagalog	<input type="checkbox"/>	Punjabi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Korean
				<input type="checkbox"/>	American Sign Language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Russian
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other (please specify): _____

EMPLOYMENT INFORMATION

Position: _____ Employee #: _____
 Work Site: _____
 Work Phone #: _____ Work FAX #: _____

(please continue on reverse side)

HOUSEHOLD INFORMATION

What is your total household income?

<input type="checkbox"/>	under \$ 10,000	<input type="checkbox"/>	\$ 10,000 - \$ 20,000	<input type="checkbox"/>	\$ 20,001 - \$ 30,000
<input type="checkbox"/>	\$30,001 - \$ 40,000	<input type="checkbox"/>	\$ 40,001 - \$ 50,000	<input type="checkbox"/>	over \$ 50,000

Are you the head of the household? Yes No

What is the total number of members in your household? _____

Do you pay for your own medical insurance? Yes No Don't have insurance

COLLEGE EDUCATION

Are you the first member of your family to attend college? Yes No

Indicate where you are currently attending school:

(Community College
or University)

Are you working towards a BA or a teaching credential?

<input type="checkbox"/>	BA	<input type="checkbox"/>	BS	<input type="checkbox"/>	credential
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What is your current credential goal?

<input type="checkbox"/>	Multiple Subject	<input type="checkbox"/>	Single Subject	<input type="checkbox"/>	Education Specialist (special ed.)
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Does your credential goal include:

Bilingual Certification	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
CLAD emphasis	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Choose the response that best describes your CBEST experience:

<input type="checkbox"/>	Passed entire CBEST	<input type="checkbox"/>	Passed two sections
<input type="checkbox"/>	Passed one section	<input type="checkbox"/>	Took but did not pass any sections
<input type="checkbox"/>	Have not taken		

Are you currently employed as a teacher of record? Yes No

If yes, what certification do you currently hold?

<input type="checkbox"/>	Clear	<input type="checkbox"/>	University Intern Credential	<input type="checkbox"/>	Pre-Intern Certificate
<input type="checkbox"/>	Preliminary Credential	<input type="checkbox"/>	District Intern Certificate	<input type="checkbox"/>	Emergency Permit