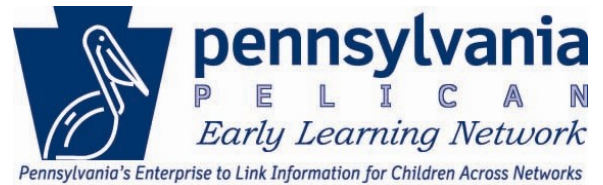


ELN Data Fields Form

Staff Information



Instructions: Please capture Staff Information in the fields provided below. Please use one form per staff member if there are multiple staff members at one Location. Please review Department of Education requirements listed at the end of this form before data is entered for staff members. Fields marked with an * are required.

Location Name: _____

Staff Information – Demographic Information

Staff Information:

First Name:* _____ Last Name:* _____ MI: _____

Suffix: _____ (Jr., Sr., I, II, etc.)

Gender:* Female Male

Date of Birth:* _____

Social Security Number: _____-_____-_____-_____

PPID: _____

Email:* _____

Ethnicity:* Hispanic Non-Hispanic Unknown

Race:* (Select all that apply.)

- American Indian or Alaskan
- Asian
- Black or African American
- White
- Native Hawaiian or Pacific
- Unknown
- Other _____

SSN Note: SSN is used only for Staff Clearance. Enter either all 9 digits or only the last 5 digits of the Social Security Number. Only the last 4 digits will show in the database. All other digits will be masked.

Email Note: For access to your selected assessment vendor, an email address is required for all staff. The email address may be a specific account for that staff person or it may be a generic program email address that is used by multiple staff.

Years of Early Childhood Teaching Experience (Birth – 8 years):* _____

Total Number of Years of Experience:* _____ (Total number of years teaching regardless of the age of the children)

Staff Information – Location Specific Information

Start Date (for this Location):* _____

Employment Status: Active Inactive

Staff Type:* (Check One)

- | | |
|---|--|
| <input type="checkbox"/> Teacher | <input type="checkbox"/> EI Other |
| <input type="checkbox"/> PA Pre-K Counts Aide | <input type="checkbox"/> Classroom Support Staff |
| <input type="checkbox"/> Teaching Assistant/Aide | <input type="checkbox"/> Speech Language Pathologist |
| <input type="checkbox"/> Group Supervisor | <input type="checkbox"/> Director |
| <input type="checkbox"/> EI Aide | <input type="checkbox"/> Occupational Therapist |
| <input type="checkbox"/> Service Coordinator | <input type="checkbox"/> Physical Therapist |
| <input type="checkbox"/> Assistant Group Supervisor | <input type="checkbox"/> Special Instructor/ Special Education Teacher |

Provide Reason if Inactive (Check One)

- Position Terminated
- Seeking other Professional Opportunity
- Dissatisfaction with Current Employer
- Seeking Higher Education
- Transferred
- Other

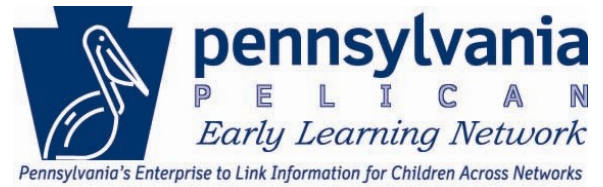
Inactive Date: _____

Staff Category:*

- Full time
- Part-time
- Unknown

ELN Data Fields Form

Staff Information

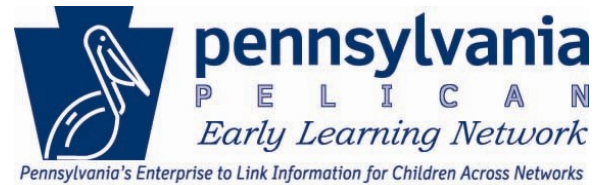


Staff Information – Qualifications

Director Credentials: Yes No In-Process
 Supervisory Certificate: Yes No In-Process
 Private Academic Director Credential: Yes No In-Process

Qualifications (Educational Attainment/ Certification/ License)	Date Obtained	Area of Degree							N/A
		Early Childhood Education	Child Development	Special Education	Human Services	Elementary Education	Other		
Degree (Enter Highest Qualification)									
Master or Higher									
Bachelor									
Associate									
2 Years of college (at least 60 credits completed)									
High school diploma or equivalent									
Less than high school diploma									
Certifications (Select All That Apply)									
PA Early Childhood Education Certification Instructional 2									
PA Early Childhood Education Certification Instructional 1									
PA Early Childhood Education Certification Emergency									
PA Early Childhood Education Certification Teacher Internship Certification									
Private Academic Teacher Certificate									
CDA Credential									
Local/State assessment of demonstrated skills									
Licenses (Select All That Apply)									
Audiology									
Dietitian/Nutritionist									
Occupational Therapy									
Physical Therapy									
Psychiatrist									
Psychologist									
Registered Nurse									
Social Work									
Speech-Language Pathology									

ELN Data Fields Form Staff Information



Department of Education Requirements for Professional Development

Please note that the Department of Education requires the following to be updated and maintained when assigning a PPID. Before entering staff names and details into ELN we strongly recommend that you ask staff members to ensure that their own records are up to date with the state, including legal name changes due to marriage, correction of previous errors, and changes in address. Links for making those changes are included below.

24 P.S. § 1224. Elementary and secondary schools; certification and registration

“The Department of Public Instruction shall provide for the registration of persons qualified to teach in elementary and secondary schools of this Commonwealth which are accredited by the Department of Public Instruction as conforming to the official standards promulgated by the State Board of Education.”

As required by the professional development law, Act 48 at 24 P.S. 12-1205.2(h.1) and the Bureau of School Leadership and Teacher Quality Certification Staffing and Policy Guideline (CSPG) #11. It is the responsibility of each certified individual to:

- Keep the Bureau of School Leadership & Teacher Quality apprised of any name or address changes
- Present a correct certificate to the employing school entity for record maintenance
- Professional employees should retain possession of the original copy of their certificate

It is the responsibility of the employing school entity to maintain accurate certification records of all professional school employees. Additional information and requirements can be located on the PDE website at <http://www.pde.state.pa.us/>

IMPORTANT LINKS:

CSPG #11

<http://www.portal.state.pa.us/portal/server.pt?open=18&objID=353243&mode=2>

PDE 338 AC Notification of Address Change

<http://www.portal.state.pa.us/portal/server.pt?open=514&objID=506887&mode=2>

PDE 338 D Request for Duplicate or Name Change

<http://www.portal.state.pa.us/portal/server.pt?open=514&objID=506874&mode=2>

(h.1) Whenever a professional educator moves from the address named in the application for State certification or from the professional educator's current address, such professional educator shall notify the department and provide the department with the most current address. Notification shall be made in a form and manner determined by the department.

The Bureau must be kept apprised in writing of any changes to an educator's mailing address.

- Requests for address changes are submitted on Form PDE 338 AC
- No fee is required for the name change request
- The form (PDE 338 AC) can be found at

<http://www.portal.state.pa.us/portal/server.pt?open=514&objID=506887&mode=2>