

Invest in Kids – The Incredible Years: Teacher Profile Form

This information will be kept as a confidential component of the Incredible Years Evaluation. No one who reads the reports will be able to identify you. Information from this form will be compiled with other staff profiles from your site/school/agency or from the other sites participating in this evaluation.

- Classroom: AM classroom
 PM classroom
 All day classroom

Date: ____/____/____
 Your Name _____
 Classroom ID # ____ _
 School/Site _____

- Your Role: Lead Teacher
 Assistant Teacher/Paraprofessional
 Other (e.g. Counselor; Occupational Therapist; Mental Health Specialist)

1. Years of Experience in Early Childhood or Elementary Education:

- Less than 1 Year
 1-3 Years
 4-5 Years
 6-10 Years
 11 Years or more

2. Your Highest Education:

- GED or High School Diploma
 Some college
 Associates Degree
 Bachelors Degree
 Masters Degree
 Other _____

3. Your Birth Date: [mm/dd/yyyy]

____/____/____

4. Your Ethnic Origin?

- African American Caucasian Other Latino or Hispanic
 American Indian Mexican, Mexican-American Pacific Islander
 Asian Multi-racial Other _____

5. How many days of Incredible Years Child/Teacher Training did/will you receive?

- None Three days
 One day Other: _____
 Two days

6. What year did you receive your Incredible Years training? _____

Please rate how much you agree or disagree with the following statements:

	Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
7. I have the tools necessary to prevent and address most challenging behaviors in my classroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I am confident in my ability to manage behavior issues that may arise in my classroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I feel stress associated with teaching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

