

Personnel Development Program Data Collection System Scholar Record

Please complete the following PDPDCS record information

A. Identifying Information		
*First Name _____	Middle Name _____	*Last Name _____
Maiden Name, if applicable: _____		
*Social Security Number _____	--	--
*Date of Birth _____		
*Primary E-mail Address _____		
<i>Do not use a university email address.</i>		
*Verify Primary E-mail Address _____		
Alternative E-mail Address _____		
Verify Alternative E-mail Address _____		

B. Contact Information		
Permanent Address		
*Address _____		
Address Line 2 _____		
*City _____	*State _____	*Zip Code _____
*Home Phone _____	Cell Phone _____	

Secondary Address

Address _____
Address Line 2 _____
City _____ State _____ Zip Code _____
Other Phone _____ Fax _____

C. Alternate Contact Information

Address and contact information for a relative or other person through which DCC may contact the scholar, if necessary.

First Name _____ Last Name _____
E-mail Address _____
Verify E-mail Address _____
Address _____
Address Line 2 _____
City _____ State _____ Zip Code _____
Home Phone _____ Other Phone _____

E. Scholar Demographic Information

1. What is this scholar's gender?

- Female
- Male

2. Is this scholar of Hispanic or Latino origin?

- Yes
- No

3. What is this scholar's race? Check all that apply.

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

4. Does this scholar have a disability?

- Yes
- No
- Unknown

5. What is this scholar's current age?

- Under 21
- 21-29
- 30-39
- 40-49
- 50 and over

F. Training and Employment Prior to Entry into OSEP Grant Training

***1. Check the degree(s) or certificate(s) or endorsement(s) held when the scholar entered this OSEP grant-supported training (check all that apply):**

- High school diploma or equivalency [If only degree, go to Question 5]
- Associate's Degree
- Bachelor's Degree
- Master's Degree
- Educational Specialist
- Doctoral Degree
- Postdoctoral Degree
- State or Professional Credential/Certificate
- State-issued Endorsement

***2. If the scholar was granted a degree/certificate/endorsement prior to entry into this OSEP grant-supported training, the area(s) was: (check all that apply)**

- General education (If general education only, go to question 3)
- Special education or related services (Select training area(s) and children with disabilities categories under 2b and 2c)
- Outside the field of education (If outside of field of education, go to question 3)

2b. If the scholar was granted a degree/certificate/endorsement prior to entry into this OSEP grant-supported training, select the training area that best describes the PRIMARY focus of the degree/certificate/endorsement. If appropriate, select up to three additional OTHER FOCUS AREAS to provide more detailed information about the scholar's prior training.

Training Area	Primary Focus	Other Focus Area
Special education (General)	<input type="radio"/>	<input type="checkbox"/>
Early intervention/early childhood special education	<input type="radio"/>	<input type="checkbox"/>
Speech language pathology	<input type="radio"/>	<input type="checkbox"/>
School psychology	<input type="radio"/>	<input type="checkbox"/>
Occupational therapy	<input type="radio"/>	<input type="checkbox"/>
Interpreter/ASL	<input checked="" type="radio"/>	<input type="checkbox"/>
Teaching of visual impairments (TVI)	<input type="radio"/>	<input type="checkbox"/>
Physical therapy	<input type="radio"/>	<input type="checkbox"/>
Audiology	<input type="radio"/>	<input type="checkbox"/>
Adapted physical education	<input type="radio"/>	<input type="checkbox"/>
School counseling	<input type="radio"/>	<input type="checkbox"/>
Orientation & mobility	<input type="radio"/>	<input type="checkbox"/>
Deaf education	<input type="radio"/>	<input type="checkbox"/>
Applied Behavior Analysis (ABA)	<input type="radio"/>	<input type="checkbox"/>
Assistive technology	<input type="radio"/>	<input type="checkbox"/>
Bilingual special education/ESL/TESOL	<input type="radio"/>	<input type="checkbox"/>
Rehabilitation counseling	<input type="radio"/>	<input type="checkbox"/>
Secondary transition	<input type="radio"/>	<input type="checkbox"/>
Social work	<input type="radio"/>	<input type="checkbox"/>
Other (For Leadership Grantees)	<input type="radio"/>	<input type="checkbox"/>

2c. Indicate the disability category(s) of the children that the scholar was trained to support prior to entry into this OSEP grant-supported training. Select all that apply. If your program does not focus on a specific disability category, please select "All disabilities."

- All disabilities
- Autism
- Deaf-blindness
- Deafness
- Developmental delay
- Emotional disturbance
- Hearing impairment
- Intellectual disabilities
- Multiple disabilities
- Orthopedic impairment
- Other health impairment
- Specific learning disability
- Speech/language impairment
- Traumatic brain injury
- Visual Impairment, including blindness

3. Has this scholar received funding under a different OSEP training grant?

- Yes (Please specify grant number _____)
- No

4. Was the scholar employed during the academic year, prior to entry into this OSEP grant-supported training?

- Yes
- No

If yes, choose one type of employment that best describes the pre-entry position of this scholar:

- Special education teacher
- Outside the field of education
- Early interventionist (EI) or early childhood special educator (ECSP)
- Paraprofessional
- General education paraprofessional/aide (not special education)
- Administrator/Coordinator/Supervisor (including the capacity of a principal)
- Instructional Specialist
- Higher education (e.g., faculty, research assistant, practicum coordinator)
- Other, within education (please specify)

Choose one type of employment that best describes the current position of this scholar:

- Special education teacher
- Higher education (e.g., faculty, research assistant, practicum coordinator)
- Paraprofessional
- Early interventionist (EI) or early childhood special educator (ECSP)
- Speech Language Pathologist
- Instructional Specialist
- Administrator/Coordinator/Supervisor (including the capacity of a principal)
- School Psychologist
- Occupational Therapist
- Interpreter for the Deaf
- Teacher of the Visually Impaired
- Physical Therapist
- Audiologist
- Adapted Physical Educator
- School Counselor
- Orientation & Mobility Specialist
- Deaf Educator
- Applied Behavior Analyst
- Assistive Technology Specialist
- Bilingual/ESL/TESOL Special Education Teacher
- Rehabilitation Counselor
- Secondary Transition Specialist
- Social Worker
- General Education and Special Education Teacher (combined)
- Other, within education (please specify)

_____ Average # of hrs per week of employment (to the nearest whole hour)