Provider Information Form 2014-2015 Name: _____ Agency: Discipline: □ Occupational Therapist □ Special Instructor ☐ Social Worker □ Physical Therapist □ Service Coordinator □ Psychologist □ Speech Therapist □ Other □ Nurse **I am employed as**: □ full-time staff □ part-time staff ☐ independent contractor **Number of hours per week** that I provide services for families/children birth-3 years of age: ☐ fewer than 5 □ 16-20 □ 21-30 □ 6-10 □ 11-15 ☐ more than 30 Gender: ☐ Female ☐ Male Age (in years):_____ **Levels of education** (check all that apply): □ Associate's Degree in _____ □ Master's Degree in _____ □ Bachelor's Degree in _____ □ Doctoral Degree in _____ I would describe my ethnic background as: □ Asian □ Caucasian ☐ African-American □ Other: □ Latino or Hispanic Years/months in practice: _____ years and _____ months Years/months in early intervention: _____ years and _____ months Years/months in present position: _____ years and _____ months The Philadelphia Teaching and Learning Collaborative (TLC) is interested in determining the extent to which participation in training activities impacts early intervention provider practices with families and infants/toddlers. I understand that information that I provide as part of my participation in this training will be used in reporting for the county (MRS Office) and state (OMR) and may be used in a future formal publication. I understand that if a publication results from this study, that my information will be reported with full confidentially and anonymity, without identifying me by name, discipline, agency employment or in any other manner that might lead to my identification. Signature: Date: Revised 9/2014