# Education Report

**General Information:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Center: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Circle Highest Level of Certification/Education**: SPII/SPI; Initial Provisional BK; BS/BA; AA;

CDA; High School Diploma; Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Current Educational Status**:

Name of University/College Attending: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Working Toward (i.e. licensure/degree type) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*2nd Summer Session through Fall Semester (July 1st through Dec)*

|  |  |  |
| --- | --- | --- |
| **Name of Class** | **Grade Received** | **No. of Credits Earned** |
|  |  |  |
|  |  |  |
|  |  |  |

*Spring (Jan-May)*

|  |  |  |
| --- | --- | --- |
| **Name of Class** | **Grade Received** | **No. of Credits Earned** |
|  |  |  |
|  |  |  |
|  |  |  |

*1st Summer Session (Courses completed prior to June 30)*

|  |  |  |
| --- | --- | --- |
| **Name of Class** | **Grade Received** | **No. of Credits Earned** |
|  |  |  |
|  |  |  |

## Please check one of the following and attach transcripts, grade reports

\_\_\_\_\_ Staff member is working with the Early Educator Support, Licensure and Professional Development Unit (EESLPD) on Initial Provisional License

\_\_\_\_\_ Staff member has successfully completed, with a “C” or better, a minimum of six

semester hours toward full qualification.

\_\_\_\_\_ Staff member has not successfully completed, with a “C” or better, a minimum of six semester hours **(Below describe plans for meeting requirement by June 30)**

NC Pre-K Staff Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Administrator Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_