

## CALL FOR CONSULTANT QUESTIONNAIRE

Name:			
Preferred Address:		Preferred e-mail:	
Town:	Zip:	Preferred phone:	
Describe your availability to work on projects (i.e. days of week, daytime/evening, times):		Languages spoken:	
Please indicate your willingness to work in the following regions of CT by checking the boxes: <input type="checkbox"/> North Central <input type="checkbox"/> Northwest <input type="checkbox"/> South Central <input type="checkbox"/> South West <input type="checkbox"/> South East			
<b>THE CT EARLY CHILDHOOD PROFESSIONAL REGISTRY</b>	<b>Yes</b>	<b>No</b>	
I am a Registry Member. Registry Number:	<input type="checkbox"/>	<input type="checkbox"/>	
I have experience conducting observations using the ECERS-3.	<input type="checkbox"/>	<input type="checkbox"/>	
I have experience conducting observations using the FCCERS-3	<input type="checkbox"/>	<input type="checkbox"/>	
I have experience conducting observations using the ITERS-3	<input type="checkbox"/>	<input type="checkbox"/>	
<b>RELIABILITY TRAINING FOR PROGRAM, CLASSROOM AND CHILD ASSESSMENTS (including PAS, BAS, ERSs, CLASS, TSI Gold, DECA, ELLCO, ETC),</b>			
I have been trained to reliability in the following tool:	Date of reliability training:	Date of expiration:	
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***Is there anything else you would like to tell us?***

**Please return this questionnaire to:**

**CTAEYC**

Phone 860-785-8148 Fax 860-785-8235

[khagen@ctaeyc.org](mailto:khagen@ctaeyc.org)

**THANK YOU!**

*Submission of resumes and questionnaires from all early childhood and related professionals is encouraged!*