

# TDL Teacher Training Creative Arts and Literacy



## Background Information

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

D.O.B. \_\_\_\_\_

Are you a

- Artist
- Classroom Teacher
- Dance Teacher
- Kids Yoga Teacher
- Parent/Guardian
- Therapist
- Other \_\_\_\_\_

Do you currently work with children? \_\_\_\_\_ Ages \_\_\_\_\_

Is this your first experience with TDL Teacher Training? \_\_\_\_\_

Have you attended any other Kids Teacher Trainings? \_\_\_\_\_

Do you have any other related professional or educational experiences?

\_\_\_\_\_

Level of education

- High School
- College (Undergraduate)
- Graduate Degree
- Other \_\_\_\_\_

Please list any physical limitations you may have

\_\_\_\_\_

What are your goals for attending the TDL Teacher Training? (add more on the back if needed)

\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_