

Questionnaire for Applicants to the Masters Program in Early Childhood Education

Please complete the following questionnaire as accurately as possible. If you do not submit this questionnaire or the required essays for the program, your application will be considered as incomplete and will not be reviewed. If any part of the questionnaire does not apply to you, please enter "not applicable" or "no experience in this area". Please do not just leave the sections blank. ***All sections of this questionnaire and the essays must be typed.***

Applicant's Name: _____

Middle Name: _____ **Maiden Name (if any):** _____

Current Address: _____

City: _____ **State:** _____

Zip Code: _____ **Country:** _____

Social Security Number: _____ - _____ - _____

Please limit your responses for the next two questions to a total of no more than three double-spaced typewritten pages. You should **type** the answers to these questions on separate sheets of paper and attach them to the end of this questionnaire.

1. When did you first become interested in working with children?
Describe one of your work or volunteer experiences with young children. Include in this description aspects of the work you found gratifying and those, which were unsatisfactory or disappointing.
2. What do you hope to achieve from the Early Childhood program at UIC? Describe some specific objectives and goals.

The University of Illinois is requesting your Social Security number (SSN) in order to expedite your application. The University will not disclose an individual's SSN without the consent of the individual to anyone outside the University except as mandated by law. Providing your SSN may minimize administrative delays associated with the requested service. The University of Illinois is working to minimize the use of Social Security numbers within its business processes. For a full description of the University of Illinois' Social Security number policy, please visit <http://www.ssn.uillinois.edu>.

Employment Experience with Children

Please begin with your current or most recent employment experience. If you need more space than provided, insert a copy of this sheet after this page to continue your employment experience.

Employer: _____

Address: _____

City: _____ **State:** _____

Zip Code: _____ **Age of Children:** _____ **Size of Group:** _____

Title of Position: _____

Dates of Employment: _____

Employer: _____

Address: _____

City: _____ **State:** _____

Zip Code: _____ **Age of Children:** _____ **Size of Group:** _____

Title of Position: _____

Dates of Employment: _____

Employer: _____

Address: _____

City: _____ **State:** _____

Zip Code: _____ **Age of Children:** _____ **Size of Group:** _____

Title of Position: _____

Dates of Employment: _____

Volunteer Experience with Children

Please begin with your current or most recent volunteer experience. If you need more space than provided, insert a copy of this sheet after this page to continue your volunteer experience.

Place In Which Volunteer Experience Took Place:

Address: _____

City: _____ **State:** _____

Zip Code: _____ **Age of Children:** _____ **Size of Group:** _____

Dates of Volunteer Experience: _____

Place In Which Volunteer Experience Took Place:

Address: _____

City: _____ **State:** _____

Zip Code: _____ **Age of Children:** _____ **Size of Group:** _____

Dates of Volunteer Experience: _____

Place In Which Volunteer Experience Took Place:

Address: _____

City: _____ **State:** _____

Zip Code: _____ **Age of Children:** _____ **Size of Group:** _____

Dates of Volunteer Experience: _____

Other Employment Experience

Employer: _____

Address: _____

City: _____ State: _____

Zip Code: _____

Title of Position: _____

Dates of Employment: _____

Employer: _____

Address: _____

City: _____ State: _____

Zip Code: _____

Title of Position: _____

Dates of Employment: _____

Employer: _____

Address: _____

City: _____ State: _____

Zip Code: _____

Title of Position: _____

Dates of Employment: _____

