

Teacher Aide/Paraprofessional Contact Information Form

***THIS FORM MUST BE TURNED IN TO DACC NO LATER THAN
AT THE TIME OF YOUR TESTING IN THE ASSESSMENT CENTER***

* Required Fields

Teacher Assistant/Aide Information:

*First Name: _____ Middle Initial: ____ *Last Name: _____

*Date of Birth: _____

*Address: _____

*City: _____ *State: _____ *Zip Code: _____

*Phone: _____

*Email: _____

Students that you work with: _____

Please complete this form and return it to:

**Danville Area Community College
Corporate and Community Education
2000 E Main Street
Danville, IL 61832**

Or fax to 217-554-1625

Or email to cce@dacc.edu

Call 217-443-8777 with any questions.

DACC Staff Use Only

Paid _____

AM _____

RFI _____ ISI _____

Date Notified of Results: _____

Date Certificate Mailed: _____

Date ISI Mailed: _____