

Kappa Delta Pi

Professional Member Interest Survey

As you think about your role in the field of education, consider the type of affiliations and activities you need to engage in to develop your network, skills, and opportunities. As a beginning step, complete the following survey. This Kappa Delta Pi chapter will refer to your feedback when planning chapter programs.

Name: _____

Address: _____

Home Phone: _____

Years Teaching: _____

Grade and Subject (if applicable) you teach: _____

List other professional organizations to which you belong to: _____

List your hobbies and interests: _____

I am interested in Kappa Delta Pi membership because: _____

What skills and expertise do you possess that you might share with other educators?

What do you hope to gain from membership in a KDP professional group/chapter? _____

What would be the most convenient time for you to attend meetings?

_____ Weekday late afternoon

_____ During the school year

_____ Weekday evenings

_____ During the summer

_____ Saturday

_____ Other

Personal and Professional Development Needs

Check five topics you would be most interested in learning more about through KDP meetings and activities.

- | | |
|--|--|
| <input type="checkbox"/> Stress Management | <input type="checkbox"/> Financial Planning for the Future |
| <input type="checkbox"/> Action Research | <input type="checkbox"/> Time Management in the Classroom |
| <input type="checkbox"/> Conflict in the Classroom | <input type="checkbox"/> Ethical Decision Making |
| <input type="checkbox"/> Assertiveness | <input type="checkbox"/> Creativity in the Classroom |
| <input type="checkbox"/> Best practices | <input type="checkbox"/> Personal Goal Setting |
| <input type="checkbox"/> Other _____ | |

Community Service Interests

Check the type of service projects, if any, that would interest you.

- | | |
|---|---|
| <input type="checkbox"/> Reading Is Fundamental | <input type="checkbox"/> Child Health and Fitness |
| <input type="checkbox"/> Child Advocacy | <input type="checkbox"/> Literacy |
| <input type="checkbox"/> Mentoring | <input type="checkbox"/> Other _____ |

Social Interests

Check the type of social activities, if any, that would interest you.

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> Book Club | <input type="checkbox"/> Field Trips |
| <input type="checkbox"/> Conferences | <input type="checkbox"/> Concerts |
| <input type="checkbox"/> Plays or Musicals | <input type="checkbox"/> Lectures |
| <input type="checkbox"/> Recreational Trips | |
| <input type="checkbox"/> Other _____ | |