

**KDP Member of the Month Questionnaire**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Major: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year:  Sophomore Junior   Senior

Past Involvement in KDP (only applies to returning members):

Summer/ recent activities relating to child development/ community service:

Successful practicum/ student teaching experiences (specific):

Why do you value being a member of KDP: