ECE 930: EARLY CHILDHOOD ADMINISTRATIVE PRACTICUM APPLICATION

Name:	Student ID:				
Address:	City:	City:		Zip:	
Phone:	Cell:	1	E-mail:		
Semester Student Is Completing	ng Administrative Practicum: [☐ Fall ☐ Sprii	ng 🗌 Summer		
GPA ☐ I have a current GPA o	f 2.0 or higher				
	urrent Child Development Ass the ECE program; or instructo		al;		
	nizations (within past year, se pleted TB Test with Negative				
Infant, Child and Adult Universal Precautions	CPR Certification (attach a curiest Aid Certification (attach a cattach a current certificate of Reporter Training (attach a content of	a current certificate of completion – within pa	completion) ast year)	t 5	
Important Note: All training re	quirements must be current f	or the entire semester	in which you are apply	ying.	
Availability: Provide detailed information at days of the week and the times during the open hours at your one semester. Please note the experience cannot be complete.	s you are available. You will radministrative practicum plact at your hours of availability me	need to have a minimu ement site in order to d ust be consistent from	ım of 60 hours availab complete this experien	le ice in	
Monday	(hours) [Thursday	(hours	3)	
☐ Tuesday	(hours)	☐ Friday	(hour	s)	
☐ Wednesday	(hours)				
Worksite Placements If you are planning to be place employed at this site a minimu		ninistrative Practicum,	you must have been		
☐ Yes ☐ No A	Are employed by the Administrative Practicum placement you have requested?				
☐ Yes ☐ No H	Have been employed at this site for more than 6 months?				

Specific Requests for Administrative Practicum Placement

When placements are made, individual preferences and schedules will try to be accommodated; however, placements also have to be made within the parameters of what is available. Please provide names of 1-3 programs you would prefer to be placed with. Include the name, address, telephone and contact person for your site placement preferences.

First C	Cho	ice Program Name:					
Address:			City:	Zip:			
Contact Person:		erson:	Phone:				
Secon	d C	choice Program Name:					
Address:			City:	Zip:			
Contact Person:		erson:	Phone:				
Third	Cho	pice Program Name:					
Address:			City:	Zip:			
Contact Person:		erson:	Phone:				
 Additional Information Needed: Please attach an additional sheet with your responses to the additional information requested below. This information should be typed and attached to this application page. 1. Describe previous experience as an administrator or manager in an early childhood education program and/or other experience in the field. Include type of experience and years of experience. Please identify each experience as work-related, course-related or a volunteer experience. 2. Write a Professional Goals Statement Including: 							
	a. What do you perceive as your strengths related to this course? b. What do you perceive as your challenges related to this course?						
	c. Reason for pursuing Early Childhood Program Administration certificate.						
	d. Type of placement/experience that you are most interested in.						
e. Overall professional goals for the administrative practicum experience. Include at least three goals.							
I verify to the best of my knowledge that this information is complete and accurate							
Student Signature:		Signature:	Date:				