

OFFICE USE ONLY		
100 _____	101 _____	111 _____
112 _____	220 _____	221 _____
Reading (5) _____	Writing (6) _____	
Meets Requirements _____		
Approval Given _____		

CHDV 284 – CHILD DEVELOPMENT PRACTICUM APPLICATION

Date _____ Semester applying for _____

Enrollment is limited. Priority will be given to students closest to program completion.

I plan to complete certificate by end of _____ semester _____ year _____

I plan to receive associate degree at the end of _____ semester _____ year _____

Name _____ Student number _____

Street address _____

City _____ State _____ ZIP _____

Telephone _____
Home Work

E-mail _____

Do you currently work with children? yes _____ no _____

If yes, where? _____

What is your role? _____

What hours/days do you work? _____

What ages are the children you work with? _____

Director's name and phone number? _____

Placement options for Practicum are broader than for other classes. You may do it with any age and any setting. You must plan three, four-hour times on different days. List ages, times available, and type of program you prefer. If you would like to use your worksite, please note that.

Please note: If you are volunteering in a placement for CHDV 284, you will need to have a tB test and statement from a physician that you are in good health.

EXPERIENCE

1. Where did you do your field placement for CHDV 111 (Guidance and Discipline)?

Location _____

Age group _____ Field advisor _____

Time of day for field work _____

Grade in CHDV111 _____ Semester taken _____

2. Where did you do your field placement for CHDV220 (Preschool curriculum)?

Location _____

Age group _____ Field advisor _____

Time of day for field work _____

Grade in CHDV220 _____ Semester taken _____

3. Where did you do your field placement for CHDV221 (Infant-Toddler Programming)?

Location _____

Age group _____ Field advisor _____

Time of day for field work _____

Grade in CHDV221 _____ Semester taken _____

4. Other experience working in child care programs

Please list any other experiences you have had in regulated child care programs, either centers or family day care. Do not include child care in the child's home, or church nursery experience. Do not include your current job or course fieldwork.

DATES WORKED	SITE	AGE GROUP	ROLE

Please record the classes taken.

Other courses: Please mark if you have taken the course

	Date	Grade		Date	Grade
112 Families	_____	_____	230 Administration	_____	_____
222 School-age	_____	_____			
120 Physical Curriculum	_____	_____	126 Discovering Lrng I/T	_____	_____
121 Cog/Language Curriculum	_____	_____	127 Undrstndg I/T Bhvr	_____	_____
122 Creative Curriculum	_____	_____	184 Child and Stress	_____	_____
123 Curric/Early Literacy	_____	_____	185 Prevention	_____	_____
124 Curric/Early Math	_____	_____	186 Self-Esteem	_____	_____
125 Curric/Science	_____	_____	188 Special Needs	_____	_____
			189 Diversity	_____	_____
Other	_____				

Please return this form to Marcia Rysztak in room 108 HHS or mail to

Marcia Rysztak
Lansing Community College
3100 HHPS
PO Box 40010
Lansing, Michigan 48901-7210

Questions... Call Toba at 517-483-9944