

Agency: _____ Advisor or Counselor: _____ Date: _____

Santa Cruz County
 Early Care and Education
Application for Advising Services
 For Students, Child Care Assistants, Teachers and Directors

PLEASE ATTACH:

- TRANSCRIPTS (COPY OKAY)**
- COPY OF PERMITS**
- CERTIFICATES**
- DEGREES**

Please complete this application in ink.

Section 1: Advisee Information – Please complete this section each time advised.

<p>Please check all that apply:</p> <p>New to advising process Returning for advisement Currently not employed in Early Care and Education. Currently employed in an Early Care and Education job. 2 yrs+ experience and at least 24 units of ECE Less than 2 yrs experience and at least 24 units of ECE</p>	<p>Please check all that apply:</p> <p>Not a student Current or Returning ECE student <small>(Enrolled or completed a minimum of 3 units ECE)</small> Completed 3-11 units ECE Completed at least 12 units ECE Completed 24 or more units ECE and at least 16 units GE Current or Returning student (non-ECE) <small>(Enrolled in or completed college coursework in a subject other than ECE)</small></p>
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Last Name	First Name	Middle Name
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Your Name at Birth (If different from above)

Last	First	Middle
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Any Other Names You Have Used

Last	First	Middle
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Student I.D. Optional	Optional Gender: _____
	Racial Identity/Ethnicity : _____

Date of Birth Month Day Year	Place of Birth (State, Country)
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Home Address or P.O. Box	Apt. or Space #
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City	State	Zip Code
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Work Phone	Home Phone	Cellular Phone
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E-Mail Address

Please list all languages that you are able to use to communicate with parents or children at work.

1. _____ 2. _____ 3. _____

Section 2: Education Information – All advisees complete this section.

<p align="center">Mark ALL the boxes that pertain to the levels of education you have completed:</p> <p>Less than High School Some High School High School Graduate (or GED) Some College A.A./A.S. Degree in: _____ B.A./B.S. Degree in: _____ Masters degree in: _____ PhD degree in: _____ Teaching Credential (specify type): _____ Other college certificates _____</p> <p>Was part of your education obtained outside the United States?</p> <p>Yes No If yes, where? _____</p>	<p align="center">Mark this section if you currently hold a valid Child Development Permit.</p> <p align="center">Date permit was applied for or issued: _____</p> <p align="center"><i>Attach a copy of the permit or temporary certificate to this application.</i></p> <p>None Assistant Associate Teacher Teacher Master Teacher Site Supervisor Program Director Lifetime Permit</p> <p>For California State CHILD DEVELOPMENT PERMIT information, visit the Child Development Training Consortium's website at: www.childdevelopment.org</p>
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U.S. Colleges Attended:	WASC * accredited?	Major/Certificate/Degree Completed	Year(s)

- **Western Association of Schools and Colleges (WASC)** is one of six regional associations that accredit public and private schools, colleges, and universities in the United States. Visit their website for more information: <http://www.wascweb.org/>
- **Local WASC Accredited colleges include:** Cabrillo, Gavilan, Hartnell, DeAnza, Evergreen Valley, Las Positas, Cañada, San Jose City and West Valley

International Education US Equivalency
 College transcripts evaluated by an accredited agency? Yes No

Check all that apply:	Country	Major/Certificate/Degree Completed	Year(s)
Some College			
B.A./B.S.			
Some Graduate			
M.A./M.S.			
Ph.D.			

Number of non-credit professional development hours completed since last permit renewal.: _____
 Please attach workshop certificates.
 Notes:

Section 3: Education/Career Goals– All advisees complete this section.

Indicate educational goals you wish to obtain:	Indicate current progress toward educational goals:
<p>Obtain a new or higher level Child Development Permit</p> <p>Obtain a college A.S./A.A. degree or certificate.</p> <p>Obtain a 4-year, BA/BS degree.</p> <p>Advance my education by taking some college courses.</p> <p>Obtain proficiency in English and/or other basic skills.</p> <p>Work in an early care and education program with young children.</p> <p>Become a director of an early care and education program.</p> <p>Open my own early care and education program.</p> <p>Increase my skills and knowledge to get promoted in my current position.</p> <p>Attend trainings and workshops on ECE topics.</p> <p>Other: _____</p>	<p>I have met with a college counselor/advisor/instructor</p> <p>1) Name: _____</p> <p>Email: _____</p> <p>Phone: _____ Date: _____</p> <p>2) Name: _____</p> <p>Email: _____</p> <p>Phone: _____ Date: _____</p> <p>3) Name: _____</p> <p>Email: _____</p> <p>Phone: _____ Date: _____</p>
	<p>I have met with a Professional Growth Advisor * regarding renewal of my Child Development Permit.</p> <p>Date of most recent plan: _____</p> <p>Name of Advisor: _____</p>

* The state Commission on Teacher Credentialing issues Child Development permits which must be renewed every 5 years. Renewing a permit requires that you meet with an official, registered Professional Growth Advisor. To view a list of Professional Growth Advisors in Santa Cruz County see Section III of the Early Care and Education Professional Development Planning Toolkit: www.childcareplanning.org

Section 4: Work Experience in Early Care and Education

Indicate all work experience in Early Care and Education to date.		
Dates of work with children (paid or volunteer):	Total number of days worked (three or more hours per day):	Age Groups Worked With (0-5, Kinder, Elementary):
<p>Name of Program _____</p> <p>From (month/year) _____</p> <p>to (month/year) _____</p>		
<p>Name of Program _____</p> <p>From (month/year) _____</p> <p>to (month/year) _____</p>		
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<p>Name of Program _____</p> <p>From (month/year) _____</p> <p>to (month/year) _____</p>		

Section 5: Authorization and Signature Page

Optional Authorization

I agree to allow _____ (advising agency) to share the information on this form providing it is anonymous and composite data, with any funding source or research program for the purposes of increasing funding to Santa Cruz County and/or studying the overall composition of the child care workforce in the county.

Certification

I certify that the above application information provided is true and correct.

Signature Required – IMPORTANT: All applicants must sign and date.

Signature of Applicant	Date