

Professional Development and Education Plan

To be completed at advising session by advisor/counselor

Personal Information		
Full Name (First, Middle Initial, Last Name)		
Address (City, State, Zip)		
Phone (home/work/cell)		
Email		
Advising Status: <input type="checkbox"/> New Date: _____ <input type="checkbox"/> Returning Date: _____	Employment Status: <input type="checkbox"/> Currently Unemployed <input type="checkbox"/> Employed, not in ECE <input type="checkbox"/> Employed in ECE	Student Status: <input type="checkbox"/> New Student <input type="checkbox"/> Current ECE Student (min. 3 Core ECE units) <input type="checkbox"/> Returning Student (completed college coursework in any area)

Education Completed and Permit/Certification Held				
Check all that apply:	Attachments	Permit/Certification	Issue Date	Attachments
High School/GED		<input type="checkbox"/> None <input type="checkbox"/> Assistant Permit <input type="checkbox"/> Associate Teacher Permit <input type="checkbox"/> Teacher Permit <input type="checkbox"/> Master Teacher Permit <input type="checkbox"/> Site Supervisor Permit <input type="checkbox"/> Program Director Permit <input type="checkbox"/> CA Teacher Credential <input type="checkbox"/> Other		
Some College				
B.A./B.S.				
Some Graduate				
M.A./M.S.				
Ph.D.				
Notes:				

Colleges Attended:	WASC	Major/Certificate/Degree Completed	Year(s)

International Education US Equivalency			
College transcripts evaluated by an accredited agency? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Check all that apply:	Country	Major/Certificate/Degree Completed	Year(s)
High School			
Some College			
B.A./B.S.			
Some Graduate			
M.A./M.S.			
Ph.D.			

Professional Development Plan

Notes/Advisor's Comments

Advisor's Name/Agency:

Date:

Advisor's Name/Agency:

Date:

Advisor's Name/Agency:

Date:

Advisor's Name/Agency:

Date: