

ECE 932: EARLY CHILDHOOD INTERNSHIP APPLICATION

Name: _____ Student ID: _____
Address: _____ City: _____ Zip: _____
Phone: _____ Cell: _____ E-mail: _____
Semester Student Is Completing Internship: Fall Spring Summer

GPA/Transcripts:

I have a current GPA of 2.5 or higher
 I have attached a copy of my unofficial transcripts from the student web including prior coursework I have taken and courses I am currently enrolled in.

Prerequisites:

ECE 103 ECE 130 (AAS only) ECE 133
 ECE 158 (C or better) ECE 159 (C or better) ECE 170
 ECE 243 (C or better) ECE 343 (C or better) ECE 359 (C or better)

Pre OR Co-requisites:

ECE 215 ECE 221 ECE 290 (AS only)

Health Requirements

Current Physical/Immunizations (within past year, see attached form)
 Documentation of Completed TB Test with Negative Result

Training Requirements

Infant, Child and Adult CPR/First Aid Certification (attach a current certificate of completion)
 Universal Precautions (attach a current certificate of completion – within past year)
 Mandatory Child Abuse Reporter Training (attach a current certificate of completion – within past 5 years)

Specific Requests for Internship 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 Choice

Program Name: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Contact Person: _____

Yes No Are employed by the Internship placement you have requested?
 Yes No Have been employed at this site for more than 6 months?

Second Choice

Program Name: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Contact Person: _____

Third Choice

Program Name: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Contact Person: _____

Availability:

Provide detailed information about your availability for scheduling your internship. Include what days of the week and the times you are available. You will need to have a minimum of 150 hours available during the open hours at your internship placement site in order to complete this experience in one semester. Please note that your hours of availability must be consistent from week to week and the experience cannot be completed in less than half a semester. **Also, if you are planning to be placed at a worksite, you must have been employed at the site a minimum of 6 months.**

Monday _____ (hours)

Thursday _____ (hours)

Tuesday _____ (hours)

Friday _____ (hours)

Wednesday _____ (hours)

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 teaching experience 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 in the field?

 - b. What do you perceive as your challenges in the field?

 - c. Reason for choosing early childhood as your vocation.

 - d. Type of placement/experience that you are most interested in for internship (ex. preschool teaching, infant/toddler teaching, after school program, home visiting, family support, community service agency, administration/working with families, working with children with special needs, etc.).

 - e. Overall professional goals for the internship experience. Include at least three goals.

I verify to the best of my knowledge that this information is complete and accurate

Student Signature: _____ **Date:** _____