

CHDV 284 – Department Approval Guidelines

1. Applications will be due one week before the start of registration.
2. Prerequisites of 2.5 GPA in CHDV 101, 111, 112, 220, and 221 (CHDV 112 can be taken concurrently) will be verified. A degree audit will be done.
3. Applications will be ranked for approval priority according to the following:
First - Graduating current semester or before course is offered again.
Second - Finishing a certificate of achievement current semester or before course is offered again.
Third - Completion of transfer requirements.
Fourth – Date of application.
4. Notification will be by e-mail unless special arrangements are made.

Placement

The location of placements for those not employed in an early childhood program will be the decision of the program.

To use worksite as field placement site, a minimum of 12 hours per week in the same classroom with the same group of children will be required.

Additional CHDV 284 Class Requirements

1. Attend a professional conference or workshops.
2. An hour long observation at an Early LCC lab site in Lansing.
3. During the weeks of the two investigative themes, participate in field placement three days per week.

LANSING COMMUNITY COLLEGE
CHILD DEVELOPMENT PROGRAM

OFFICE USE ONLY					
100	101	111	220	112	
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 two, four (4) hour times on different days. List ages, times available, and type of program you prefer. If you like to use your work site 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 CHDV 111: _____ Semester Taken: _____

2. Where did you do your field placement for CHDV 220 (Preschool Curriculum)?

Location: _____

Age Group: _____ Field Advisor: _____

Time of day for field work: _____

Grade in CHDV 220: _____ Semester Taken: _____

3. Where did you do your field placement for CHDV 221 (Infant-Toddler Programming)?

Location: _____

Age Group: _____ Field Advisor: _____

Time of day for field work: _____

Grade in CHDV 221: _____ 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:

REQUIRED FOR DEGREE	Date	Grade		Date	Grade
100 Foundations	_____	_____	222 School-Age	_____	_____
101 Development	_____	_____	230 Administration	_____	_____
112 Families	_____	_____			
ELECTIVES					
120 Physical Curriculum	_____	_____	184 Child & Stress	_____	_____
121 Cog/Language Curriculum	_____	_____	185 Prevention	_____	_____
122 Creative Curriculum	_____	_____	186 Self-Esteem	_____	_____
131 Day Care Management	_____	_____	188 Special Needs	_____	_____
Other	_____	_____	189 Diversity	_____	_____

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, MI 48901-7210

Questions? Call Toba at (517) 483-9944.

Registration Approval will be processed by a week after submission. You will only be contacted if there are concerns or you do not meet requirements.