

CHLD 392 Enrollment for Fall 2012

Deadline: Thursday, March 29, 2012, Modoc 216

Checklist:

- Complete all parts of application
- Highlight **prerequisite** courses on transcripts:
(CHLD 250/252, CHLD 251, CHLD 282, CHLD 353, NFSC 100 or HCSV 450 or HCSV 363)
- Sign 3 forms (Application, Student Participation Agreement, and Criminal Record Statement)
- Attach **ALL** college and community college Unofficial Transcripts (from your portal)
- Attach TB test results (not older than 1 year by the first day of the semester)
CHLD 392 Placement will be delayed without TB clearance form.

The Child Development Program office will notify you of your lab placement before registration opens on April 9, 2012.

We will enroll you in CHLD 392 at the end of the current semester.

Date: _____

Name: _____

Chico ID: _____

Local Address _____

City _____

State _____

Zip _____

Phone _____

Chico State E-mail: _____

1. Prerequisite Courses: (these courses **may not** be taken concurrently with CHLD 392)

(On your transcripts, please highlight the prerequisite courses listed below:)

Note: If you are currently enrolled in any of these courses, you must show proof of completion with a passing grade before you will be enrolled in CHLD 392.

Semester/Year <u>Completed</u>	<u>Grade</u>	Semester/Year <u>Completed</u>	<u>Grade</u>
CHLD 250/252 _____		CHLD 251 _____	
CHLD 282 _____		CHLD 353 _____	
NFSC 100 OR HCSV 450 OR HCSV 363 (circle one) _____			

(for department use only) Status of Rubella Immunization: _____

2. BIOL 303 / BIOL 318: Circle class taken or will take. List semester and year _____

3. Units: Total number of college units completed by the end of this semester _____

(This is the middle column of the Cum Total found on your transcript PLUS the total number of units currently enrolled.)

Note: The University applies a maximum of 70 transferable units toward graduation.

4. Graduation: Graduation clearance forms are due now for anticipated graduation in Spring 2013.

Anticipated date: _____ Clearance form filed? Yes ____ No ____

I affirm that all the information on this page is correct and that I have included the required attachments.

Student Signature _____

Date _____

NAME: _____

Placement with the Associated Students Child Development Laboratory

1. Age Group and Lab Time:

In addition to the Monday, 4:30 – 6:30 p.m. lecture, and as part of your ASCDL classroom assignment, you will work 8 hours per week in a lab with children.

2. Employment: Are you employed in the AS. Child Development Lab? Yes _____ No _____
If so, which classroom? _____

3. Classroom Preference: Indicate which classroom and lab time you would prefer. Rank 1 – 6, with 1 being your first choice

Note: The Child Development Program reserves the right to place students where deemed most appropriate.

Infant Room	7:30 – 11:30 a.m.	MW _____	TR _____
	10 a.m. – 2 p.m.	MW _____	TR _____
	11 a.m. – 3 p.m.	MW _____	TR _____
Toddlers (Blue Room)	7:30 – 11:30 a.m.	MW _____	TR _____
	8 a.m. – noon	MW _____	TR _____
	9 a.m. – 1 p.m.	MW _____	TR _____
	12 noon – 4 p.m.	MW _____	TR _____
Mixed Age Preschool (Purple Room and Modoc Room)	7:30 – 11:30 a.m.	MW _____	TR _____
	8 a.m. – 12 noon	MW _____	TR _____
	11 a.m. – 3 p.m.	MW _____	TR _____
	12:15 – 4:15 p.m.	MW _____	TR _____
	12:30 – 4:30		TR _____

ASCDL ORIENTATION AND TRAINING SESSIONS:

Thursday, August 23, 2012 from 2 – 5 p.m.

and

Friday, August 24, 2012 from 2 - 5 p.m.

Location:

Aymer J. Hamilton (AJH) 119

Attendance at these meetings is imperative to insure a smooth transition into the new semester for staff, students, and children.

**Child Development 392
California State University, Chico
Student Participation Agreements**

Name (print) _____

Physical Health Certification

As a condition of participation in the Associated Students Child Development Laboratory (ASCDL), I understand I must be in good physical health and free from communicable disease throughout the duration of my placement. I currently meet this requirement and agree to notify the staff should my health status change during my placement.

Signature

Date

Photo / Audio Release

During my placement in the Associated Students Child Development Laboratory (ASCDL), my photograph may be taken and my voice recorded while I am participating in the daily activities of the laboratory. Photographs, videotapes, and audio recordings will be used solely for the purposes of documenting learning and teaching experiences and furthering information about children and teachers in the educational environment. My signature below authorizes my photograph to be taken and my voice recorded for the above stated purposes.

Signature

Date

Photography of Children

ASCDL --- I understand I may take and use photographs of children enrolled in the ASCDL on the condition that the photographs are used only for:

- assisting the cooperating teachers in their daily routines
- documentation of children's development
- completion of CHLD 392 course requirements as listed in the syllabus.

Signature

Date

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NAME: _____

Language

Are you fluent in another language besides English? Yes ____ No ____

If yes, which one? _____

Clearance History

1. Have you ever been fingerprinted in order to work with children? Yes ____ No ____

2. If so, what was the name of the agency you were working with?

3. What age were the children you were working with? _____

4. What was the approximate date you were fingerprinted for this purpose? _____

Child Related Experience

Please list any paid or unpaid experiences you have had with children, including your title, school or facility name, children's age ranges, and dates.

STUDENT NAME: _____

ASCDL Initial Student Screener

Please review the following instrument. In each box, circle one item that best represents your assessment of your abilities at the current time. Don't worry if you do not know something listed in a box. Be honest in your assessment as there are no right or wrong answers.

KNOWLEDGE SKILLS DISPOSITIONS

<ol style="list-style-type: none"> 1. How and what to observe is difficult. 2. I understand the concept of having an objective focused observation. 3. I can use my knowledge of Child Development to assist me in observing children. 4. I am familiar with different types of observations 5. I am competent in using the DRDPR-10 in guiding my observations. 	<ol style="list-style-type: none"> 1. I struggle with writing down information about a child. 2. I question my ability to focus on children and write an observation. 3. When observing, I am not sure if what I am writing down is correct. 4. When I read my observation they are focused and objectively written. 5. My observations are rich in detail and cover more than one area of the DRDP-10. 	<ol style="list-style-type: none"> 1. Writing observations takes away my opportunity to work with children. 2. I write down observations because that is what I am mandated to do. 3. Writing observations can be useful when working with challenging children. 4. Observations help me to know each child and complete the DRDP-10 5. Observations are one of the essential resources and evidence I use to plan for individuals and the class.
<ol style="list-style-type: none"> 1. This is the first time I have worked with children. 2. Child Development is new to me but I have babysat children. 3. I have 12 units in Child Development and have volunteered in a program. 4. I have over 12 units in Child Development and have worked at least one year as paid staff. 5. I have 24 units in Child Development, a teacher's permit and have worked with a variety of ages and abilities of children. 	<ol style="list-style-type: none"> 1. I am better doing tasks in the classroom than working directly with children. 2. When children are behaving I can do my best teaching. 3. I teach best when I am working with small groups. 4. I enjoy working and guiding children in large and small groups. 5. Following developmentally appropriate practice, I am capable of guiding children's behavior and learning. 	<ol style="list-style-type: none"> 1. It is the career teacher's job to assist children, I will be there to do what they tell me. 2. Keeping children busy and safe are important roles for student teachers. 3. Career teachers will be the only teachers who will work with challenging children. 4. I enjoy working with all ages of children and hope I will do well. 5. I will play an important role is assisting career staff to provide many learning opportunities for children at the ASCDL
<ol style="list-style-type: none"> 1. I have not taken an assessment class at this time. 2. I have had some information on assessment but only in a class. 3. I have had an opportunity to use several assessments during class assignments. 4. I have had overview training on the ECERS-R/ITERS-R and the DRDP-10. 5. I have extensive assessment training for children and classroom environments. 	<ol style="list-style-type: none"> 1. I never had an opportunity to assess children. 2. I have completed observation but never did anything with the information. 3. While using an observation booth I have collected observations that have been used to complete the DRDP-10. 4. I have observed and used the DRDP-10 to reflect upon my observations. 5. I have worked in programs that collected children's work, completed observation and actually filled out the assessment the program was using. 	<ol style="list-style-type: none"> 1. Children are too young to be assessed. 2. Assessment is mandated paperwork that is not needed or appropriate. 3. I do assessments because I'm told too. 4. Assessing children allows me to get to know the children. 5. Assessment is a vital part of responding and planning with group and individual children.

CRIMINAL RECORD STATEMENT

State law requires that persons associated with licensed facilities be fingerprinted and disclose any conviction. A conviction is any plea of guilty or nolo contendere (no contest) or a verdict of guilty. The fingerprints will be used to obtain a copy of any criminal history you may have.

Have you ever been convicted of a crime in California ? YES NO

You need not disclose any marijuana-related offenses covered by the marijuana reform legislation codified at Health and Safety Code sections 11361.5 and 11361.7.

Have you ever been convicted of a crime from another state, federal court, military or jurisdiction outside of U.S.? YES NO

Criminal convictions from another State or Federal court are considered the same as criminal convictions in California.

If you answer YES, give details on the back of this page indicating the nature and circumstances of each crime and the date and the location in which each crime occurred.

You must disclose convictions, including reckless and drunk driving convictions even if:

1. It happened a long time ago;
2. It was only a misdemeanor;
3. You didn't have to go to court (your attorney went for you);
4. You had no jail time or the sentence was only a fine or probation;
5. You received a certificate of rehabilitation;
6. The conviction was later dismissed, set aside or the sentence was suspended.

NOTE: IF THE CRIMINAL BACKGROUND CHECK REVEALS ANY CONVICTION(S) THAT YOU DID NOT DISCLOSE ON THIS FORM, YOUR FAILURE TO DISCLOSE THE CONVICTION(S) WILL RESULT IN AN EXEMPTION DENIAL, LICENSE APPLICATION DENIAL, LICENSE REVOCATION, OR EXCLUSION FROM A LICENSED FACILITY.

I declare under penalty of perjury under the laws of the State of California that I have read and understand the information contained in this affidavit and that my responses and any accompanying attachments are true and correct.			
FACILITY NAME Associated Students Child Development Lab		FACILITY NUMBER 041370381 041372888/0 45403573	
YOUR NAME (PRINT CLEARLY)	YOUR ADDRESS	CITY	ZIP
SOCIAL SECURITY NUMBER (SEE PRIVACY STATEMENT ON REVERSE SIDE)	DATE OF BIRTH	DMV LICENSE NUMBER	
SIGNATURE		DATE	

I. Instructions to Respondents:

If you have been convicted of a crime in California or from another state or in federal court, provide the following information:

(You need not disclose any marijuana-related offenses covered by the marijuana reform legislation codified at Health and Safety Code sections 11361.5 and 11361.7.)

What was the offense? _____

In which state and city did you commit the offense? _____

When did this occur? _____

Tell us what happened. (Use additional sheets of paper if needed) _____

I certify under penalty of perjury that the above information is true and correct to the best of my knowledge.

Signature _____ **Date** _____

II. Instructions to Licensees:

If the person discloses a criminal conviction, review the person's statement and discuss it with your Licensing Program Analyst (LPA). Maintain this form in your facility personnel file and send a copy to your LPA.

PRIVACY STATEMENT

Pursuant to the Federal Privacy Act (P.L. 93-579) and the Information Practices Act of 1977 (Civil Code section 1798 et seq.), notice is given for the request of the Social Security Number (SSN) on this form. The California Department of Justice uses a person's SSN as an identifying number. The requested SSN is voluntary. Failure to provide the SSN may delay the processing of this form and the criminal record check.

In order to be licensed, work at, or be present at, a licensed facility, the law requires that you complete a criminal background check. (Health and Safety Code sections 1522, 1568.09, 1569.17 and 1596.871) The Department will create a file concerning your criminal background check that will contain certain documents, including information that you provide. You have the right to access certain records containing your personal information maintained by the Department (Civil Code section 1798 et seq.). Under the California Public Records Act, the Department may have to provide copies of some of the records in the file to members of the public who ask for them, including newspaper and television reporters.

NOTE: IMPORTANT INFORMATION

The Department is required to tell people who ask, including the press, if some one in a licensed facility has a criminal record exemption. The Department must also tell people who ask, the name of a licensed facility that has a licensee, employee, resident, or other person with a criminal record exemption.

If you have any questions about this form, please contact your local licensing regional office.