

For office use only
 Prior College
 Credit/Subs/Waivers:

* _____
 # _____
 % _____

Certificate of Achievement
MiraCosta College
Child Development Site Supervisor
Effective Fall 2015 through Summer 2016

(No Change Fall 2012 – Summer 2016)

In order to receive an Associate of Arts degree in this discipline, you must complete the courses listed below
in addition to completing the Associate in Arts Degree requirements.

| Catalog Number | Course Name | (Office Use Only) | | |
|--|---|------------------------|-------|--------------|
| | | Units | Grade | Grade Points |
| Required courses: | | | | |
| CHLD 105 | Programs and Curriculum in Early Childhood Education | 3 | | |
| CHLD 106 | Educational Play: Materials | 3 | | |
| CHLD 109 | Child Behavior and Guidance | 3 | | |
| CHLD 112 <i>or</i> CHLD 113 | Child Growth and Development Child and Adolescent Growth and Development | 3 | | |
| CHLD 200 | Observation & Assessment in Early Childhood | 3 | | |
| CHLD 205 | Health, Safety, and Nutrition | 3 | | |
| CHLD 210 | Child, Family, and Community | 3 | | |
| CHLD 245 | Adult Supervision/Mentor Teacher | 3 | | |
| CHLD 250 | Administration of Child Development Programs | 3 | | |
| CHLD 251 | Supervision of Child Development Programs | 3 | | |
| CHLD 270 | Preschool Teacher Internship | 3 | | |
| <i>Select at least 3 units from the following:</i> | | | | |
| CHLD 111 | Programs for Infants and Toddlers | 3 | | |
| CHLD 230 | Parent/Teacher Partnerships | 3 | | |
| CHLD 240 | Children with Special Learning Needs | 3 | | |
| | | Totals: (current) | | |
| | | Totals: (In progress) | | |
| | | Total Units: 36 | | |
| | | GPA: | H1 | H3 |

Requirement: Grade of "C" or better in each course.

| OFFICE USE ONLY | Date/Initials | Sent Letter |
|---|---------------|-------------|
| Preliminary Eval OK _____ Awarded Not Posted _____ Denied _____ | | |
| Final Eval OK _____ Denied _____ | | |
| Posted | | |
| Certificate Mailed | | |



CERTIFICATE OF ACHIEVEMENT CHILD DEVELOPMENT SITE SUPERVISOR

(Effective Fall 2015 through Summer 2016)

Name _____

Print name **exactly** as it is to appear on certificate. (First, Middle, Last – use upper and lower case)

Student ID# _____

Address _____

Number Street City Zip

Home Phone (_____) _____ - _____ Email: _____

The requirements for this certificate will be completed by:

Fall 20____ Spring 20____ Summer Session 20____

List all courses in progress, including those at other colleges, which are required to complete this certificate:

Course _____ Units _____ Course _____ Units _____

Course _____ Units _____ Course _____ Units _____

NOTE: If you have courses in progress at another college which are required to complete this certificate, official transcripts must be submitted to the Admissions & Records Office at the end of the term.

List all colleges from which you have coursework to be considered for this certificate: _____

READ CAREFULLY BEFORE SIGNING

In order to have this evaluation form processed for the current term; I understand that it is my responsibility to see that all required **official transcripts and substitution/waiver forms** are on file in the Admissions & Records Office by the petitioning deadline. Deadlines are posted in the current credit class schedule. If required official documents are not on file, this evaluation form may be returned to the Counseling Office, and I may be required to re-submit an evaluation form for next term.

Comments: _____

I grant permission to MiraCosta College to include my name on the graduation program and any graduation lists that may be released to the public.

Student's Signature _____

Date _____