COLUMBUS STATE
EARLY CHILDHOOD
DEVELOPMENT & EDUCATION

Early Childhood Associate Degree
naeyc
ACCREDITED

Application for ECDE 2933 Practicum 3 – Community Settings

Name:_____   COUGAR ID: _____

Address: _____   Zip Code: _____

CSCC Student Email: _____   Phone Number: _____

When do you plan to take **ECDE 2933:** Semester/YR: _____

A. Please list your previous (or current) practicum site placements:

	Name of Center	**Ages of children**	**Seminar Grade***
Practicum 1 ECDE 2910			
Practicum 2 ECDE 2920			

*If you are currently enrolled in Practicum 2 at the time you are submitting this application, please indicate this in the grade boxes above by typing "currently enrolled" in the spaces. Once grades are submitted at the end of the semester, your final Practicum grade will filter into and may affect your Practicum 3 Community Settings placement/participation eligibility (see the "Requirements & Procedures for Practicum 3 Community Settings" form posted on Blackboard for specific eligibility requirements).

B. Do you have any other child care classroom experience besides ECDE practicum experience?

____YES   ____NO

If so, how many years and in what setting?

C. Explain why you are applying for a Community Settings Practicum experience (career goals, plans to transfer, special interests, etc.)

D. What Community Settings placement are you interested in?
Your choices are: **Columbus Metropolitan Library; Columbus Museum of Art; COSI; Franklin Park Conservatory**

- Your 1st placement choice is: _____

- Your 2nd choice is: _____

- Your 3rd choice is: _____

D. **What ECDE Instructor has agreed to serve as a reference for you?**

E. Include (with your application) a one page response to the following topics:

- Things I have learned about myself as a teacher (strengths and areas of continued development) from my practicum and seminar experiences

- Thoughts on how I can apply my experiences and knowledge to a Community Settings Practicum

Email your completed application and your one page response to Melanie Adams at <mark>madams@cscc.edu.</mark>

DO NOT WRITE BELOW THIS LINE

FOR FACULTY USE ONLY

Date application received: _____OVERALL GPA: _____

Signed _____ Date _____
                    ECDE Faculty

Student Application is: ☐ recommended   ☐ not recommended

Student was notified via: ☐ email   ☐ phone call   Date: _____

Placed at: _____