



REQUEST FOR ADVANCED PRACTICUM PLACEMENT

(This application is **required** for Practicum ECE 264 & 265)

Term/Year: _____

Name: _____ Student ID: _____

Address/City/ZIP: _____

Day Phone: _____ Cell Phone: _____

Email (preferably CGCC email): _____

Practicum Placement Information:

1. Focus Age:

- Infant/Toddler (0-3)
- Pre-school (3-5)
- School age (5-8)

2. Site Preference:

- OCDC
- Head Start
- Star-rated site name: _____
- Licensed center name: _____
- School district name: _____

3. Which practicum are you applying for?

- Practicum ECE 264: Requires ECE 135, HEC 226, ECE 221, WR 121
- Practicum ECE 265: Requires ECE 264

4. What is your primary language?

- English
- Spanish
- Other: _____