



REQUEST FOR PRACTICUM PLACEMENT

(This application is **required** for Practicum I & II)

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 I: Requires ECE 122 & HE 113
- Practicum II: Requires ECE 123 & ECE 134

4. What is your primary language?

- English
- Spanish
- Other: _____

5. What credential are you working towards in the Early Childhood Education & Family Studies Program? (Check all that apply):

- Early Childhood Education Certificate
- Associate of Applied Science Degree