
ECE PDP Service Request Packet

Academic Year 2018 - 2019

Are you currently employed in a Contra Costa County licensed Early Care and Education program for children 0-5 years, at least 15 hours weekly?
If so, you can apply to receive the following benefits and services:

- ✓ Educational Advising
- ✓ Child Development Permit Assistance
- ✓ Textbook Loans
- ✓ Info about Education Stipends
- ✓ ECE-ESL-GE Study Groups
- ✓ Partial Tuition Reimbursement Information
- ✓ Lost Wages Information for ECE 250
- ✓ Professional Growth Opportunities

- Employees working in First 5 target zip code programs have priority for services -

Steps to become a PDP Participant

INSTRUCTIONS

STEP 1: Fill out this ECE PDP Service Request Packet, which includes:

- Academic Support Services Application (requires your Employer's signature)
- PDP Service Request Form

STEP 2: **Attach** your Class Registration Confirmation for Summer or Fall '18

- If you are a new participant, attach all of your college transcripts (Copies of unofficial transcripts are accepted)
- You **must** have an Educational Plan on file in our office (You will be contacted to schedule an appointment if you do not have an educational plan)

Submit your forms and attachments by mail, fax, email or in person to:



ECE PDP Office, Early Childhood South Building, Offices 201 & 202
Diablo Valley College, 321 Golf Club Rd. Pleasant Hill, CA 94523
Call: 925-969-2392 or 2393 Fax: 925-691-6031 or
Email: shandy@dvc.edu or tballesteros@dvc.edu

This Early Childhood Education Department project is funded by



ECE Professional Development Program
Academic Support Services Application
SUMMER - FALL 2018
 Text Loans - Tutoring - Study Groups - Lost Wages



Name: _____ DVC ID#: _____
Last, First

Contact Phone: _____ Email: _____

Employer: _____ City: _____ Zip: _____

Start Date: _____ Position: _____ Work Schedule: _____

➔ **EMPLOYER'S SIGNATURE** _____ Phone: _____

This form cannot be accepted without an employer's signature. Working 15 hrs weekly in a licensed program with 0-5 yrs is required

ACADEMIC SUPPORT SERVICES

What is your current educational goal? (please check the appropriate box(es))

DVC ECE Certificates:

- Associate Teacher
- Basic Teacher
- Teacher
- Master Teacher /Site Supervisor

DVC ECE Degrees:

- AS in ECE
- AS in ECE for Transfer
- Other (Please list): _____

Child Development Permits:

- Associate
- Teacher
- Master Teacher
- Site Supervisor / Program Director
- Renewal for: _____

I would like to request the following academic support resources:

- Textbook Support ONLY for the attached approved courses to meet my Educational goal.
 - Course/Section: _____ Remember to **ATTACH** a Print out of your DVC Class Schedule registration
 - Course/Section: _____
- Tutoring support on Wednesday Nights
- Application information about "Lost Wages" for ECE 250 - Practicum Lab (only if working at a QRIS Site)

Requests must be received AT LEAST two weeks prior to the first day of instruction. Applications are prioritized based on employment location, educational goals, and date of receipt. All previously loaned texts must be returned in order to receive services.

Please INITIAL and sign:

I understand that my application will be delayed or unable to be processed if I do not **attach a DVC Class Registration** and fill out all the items in the Participant Enrollment Packet completely.

I understand that a signed tutoring contract/text loan agreement is required to receive support.

➔ **STUDENT SIGNATURE:** _____ **Date:** _____

Return to:

Sue Handy or Tania Ballesteros, ECE PDP Office, ECS 201 & 202
DIABLO VALLEY COLLEGE 321 Golf Club Rd. Pleasant Hill, CA 94523
 Fax: 925-691-6031 or Call: 925-969-2392 or 2393 Email: shandy@dvc.edu or tballesteros@dvc.edu

2018-2019 PDP Service Request Form

Requested Services at Intake (Please check all that apply):

- | | | |
|---|--|--|
| <input type="checkbox"/> Education Plan / Transcript Review | <input type="checkbox"/> Academic Support Services | <input type="checkbox"/> Education Stipend Information |
| <input type="checkbox"/> Certificate/Degree Information | <input type="checkbox"/> Child Development Permit Assistance | |

1. Please tell us about yourself

DVC Student ID	Available Date and Times for Appointments:		
Last Name	First Name		Middle Initial (if applicable)
Previous Last Name (if applicable)	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Decline to State	Date of Birth: ___ / ___ / ___ Month Day Year	
Mailing Address			
City		State	Zip
Phone Number (____) _____ - _____	<input type="checkbox"/> Cell <input type="checkbox"/> Home	E-mail Address	

2. Education

<u>What is your highest level of Education?</u>	
<input type="checkbox"/> Less than High School Diploma/GED or <input type="checkbox"/> High School Diploma/GED from _____	
<input type="checkbox"/> Some College Courses; College: _____ Country: _____	
<input type="checkbox"/> Associate's Degree; Major: _____ College: _____ Country: _____	
<input type="checkbox"/> Bachelor's Degree; Major: _____ College: _____ Country: _____	
<input type="checkbox"/> Master's Degree; Major: _____ College: _____ Country: _____	
If your Degree is from a Country other than U.S., do you have a Foreign Transcript Evaluation? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list the Evaluation Agency Name: _____	How many Early Childhood Education or Child Development Units do you have? _____
<u>Do you have a CA Child Development Permit?</u> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure	
If yes, select your current Level of CA Child Development Permit:	
<input type="checkbox"/> Assistant	<input type="checkbox"/> Teacher
<input type="checkbox"/> Assistant Teacher	<input type="checkbox"/> Master Teacher
	<input type="checkbox"/> Site Supervisor
	<input type="checkbox"/> Program Director
Permit Expiration Date: _____	Have you recently applied for a new permit or permit upgrade? <input type="checkbox"/> No <input type="checkbox"/> Yes: Permit Level: _____ Date applied _____
Please let us know your educational and career goals: _____ _____ _____	

3. Employment

Facility/Program Name		Director/Owner First & Last Name	
Facility/Program Address		City, State	Zip
Facility/Program Phone Number (____) _____ - _____		Facility License Number (Optional)	
Start Date at this Work: ____/____/____ (Month/Year)	How many hours do you work per week? _____	What is your income from ECE employment? (check only one) <input type="checkbox"/> per hour <input type="checkbox"/> per month <input type="checkbox"/> per year \$_____	
When did you start working in the ECE/CD field? _____/_____/____ (Month/Year)			
<u>What is your position? (Select ONE)</u>			
<input type="checkbox"/> Aide <input type="checkbox"/> Associate Teacher <input type="checkbox"/> Master/Lead Teacher <input type="checkbox"/> Volunteer <input type="checkbox"/> Family Child Care Owner <input type="checkbox"/> Assistant Teacher <input type="checkbox"/> Teacher <input type="checkbox"/> Site Supervisor <input type="checkbox"/> Substitute <input type="checkbox"/> Program Director			
<u>What kind of program do you work for? (Select ONE)</u>			
<input type="checkbox"/> Child Care Center/Program <input type="checkbox"/> Head Start/ Early Head Start Program <input type="checkbox"/> State Preschool Program <input type="checkbox"/> Family Child Care <input type="checkbox"/> License-Exempt Program <input type="checkbox"/> School-Age Program <input type="checkbox"/> Other: _____			
<u>What age group(s) of children do you work with? (Select all that apply.)</u>			
<input type="checkbox"/> Infant (Birth to 17 Months) <input type="checkbox"/> Pre-K (36 Months to Kindergarten Entry) <input type="checkbox"/> Toddler (18 to 35 Months) <input type="checkbox"/> Kindergarten and School-Age			
<u>What languages do you use to communicate with the children and/or parents at your current work?</u>			
<input type="checkbox"/> Arabic <input type="checkbox"/> Cantonese <input type="checkbox"/> Farsi <input type="checkbox"/> Hmong <input type="checkbox"/> Korean <input type="checkbox"/> Punjabi <input type="checkbox"/> Sign Language <input type="checkbox"/> Vietnamese <input type="checkbox"/> Armenian <input type="checkbox"/> English <input type="checkbox"/> Filipino Pilipino/Tagalog <input type="checkbox"/> Japanese <input type="checkbox"/> Mandarin <input type="checkbox"/> Russian <input type="checkbox"/> Spanish <input type="checkbox"/> Other			
<u>How do you identify your Race/Ethnicity?</u>			
<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Middle Eastern <input type="checkbox"/> Other <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Decline to State			

By signing this document I am certifying all of the information provided herein is true and correct

We (Community Colleges PDP staff) enter information from this and other PDP forms, as well as student academic records, into a PDP database and use this information to help advise you on your educational progress. Further, information is shared from the database with the three Contra Costa Community Colleges, First 5 Contra Costa, and its designated evaluators within the limits of FERPA (Family Educational Rights and Privacy Act) for the sole purposes of aggregate program evaluation and stipend issuance. Your individual information will not be accessed for any other purposes, or given to any other entity.

I understand and agree to the statement above. _____
Signature Date

We periodically invite select PDP participants to attend a focus group, complete an on-line survey, or agree to be called by First 5 Contra Costa evaluators and asked to participate in a telephone interview. Please help us learn how to improve the Professional Development Program by authorizing the evaluators to contact you about these evaluation activities.

I consent to be contacted to request my participation in future evaluation activities. _____
Signature Date