
ECE PDP Service Request

Academic Year 2020-2021

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 for ECE classes
- ✓ Info about Education Stipends
- ✓ ECE-ESL-Linked Classes
- ✓ Info about First 5 Programs & Resources
- ✓ 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 Form (employer's signature required).

STEP 2: **Attach** your Class Registration Confirmation for Fall '20 or Spring '21.

If you are a new participant, attach a copy of your college transcripts (Copies of unofficial transcripts are accepted).

STEP 3: Request an Education Plan appointment if you do not have a current plan on file in our office.

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 DVCECEPDP@dvc.edu

2020-2021 PDP Service Request Form

(Please check all that apply):

- | | | |
|--|--|---|
| <input type="checkbox"/> Education Plan /Transcript Review | <input type="checkbox"/> ECE-ESL Linked Classes (Project ACCESS) | <input type="checkbox"/> Tutoring for MATH Statway I & II |
| <input type="checkbox"/> Certificate/Degree Information | <input type="checkbox"/> Child Development Permit Assistance | <input type="checkbox"/> Textbook loan for ECE classes: * |
| <input type="checkbox"/> Lost Wages for ECE 250 | <input type="checkbox"/> Education Stipend Information | Course/Section #: _____ |
| 1. Please tell us about yourself: | | Course/Section #: _____ |

DVC Student ID		Available Days/Times for Appointments:	
Last Name		First Name	Middle Initial
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

What is your highest level of Education? <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"/> College Degree AA/BA/MA Major: _____ College: _____ Country: _____	
If your Degree is from a Country other than the U.S., have you obtained a Foreign Transcript Evaluation? <input type="checkbox"/> Yes <input type="checkbox"/> No	How many ECE units do you have?
Do you have a CA Child Development Permit? <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"/> Site Supervisor <input type="checkbox"/> Associate Teacher <input type="checkbox"/> Master Teacher <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: _____ _____ _____	

***Textbook Loan 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. Availability of requested texts is dependent on holdings at the time of request and are limited to required texts for ECE courses.

3. ECE Employment (Required for Textbook Loans, Tutoring, Advising Appointments, Stipends)

ECE 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 Workplace: _____/_____/____ (Month/Year)	How many hours do you work per week? _____	What is your approximate income from ECE employment per hour? \$ _____	
When did you start working in the ECE/CD field? Month/Year _____			
Employer's Name: _____		Signature: _____	
<u>What is your current position/job title? (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"/> Private Child Care Center <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, Contra Costa County of Education, 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