



CONTRA COSTA PROFESSIONAL DEVELOPMENT PROGRAM FOR AB212 PARTICIPANTS 2011-12 Application and Planning Tool

A. PLEASE TELL US ABOUT YOU

SECTION 1 – Application Information (Please complete all fields to ensure eligibility)

Last Name _____ First Name _____ Middle Initial _____

Other Names _____

Home Address _____ Apt. _____

City _____ State _____ Zip _____ Home Phone _____

Other Contact: Fax _____ Cell _____ Email _____

Date of Birth ____/____/19____ Gender: F M Social Security # _____ - _____ - _____

What year did you start working in the child care field? _____

What is the highest level of education that you have completed: (please check one)

- Less than high school diploma/GED High school diploma/GED Some College Courses 2-Year College Degree
 4-Year College Degree Some Graduate School Master's/Doctorate Degree

Degree major _____ Total number of units completed in **Early Childhood Education** _____

Education goal(s) in progress: Child Development Permit (please state level) _____

- High school diploma/GED 2-Year College Degree 4-Year College Degree Master's/Doctorate Degree

Are you currently enrolled at a college/university? no yes (if yes, what is your ID#? _____)

If currently enrolled, which college/university? (check all that apply)

- Contra Costa College Diablo Valley College Los Medanos College Cal State University, East Bay
 Other _____ Decline

Currently enrolled in courses for Child Development Permit (what level _____) General Education towards degree

The following information is being collected for statistical purposes only.

How do you identify your ethnicity?

- White Asian Black, African American
 Hispanic Pacific Islander American Indian or Alaskan Native
 More than one Other _____ Decline

Languages (including sign language), you speak fluently _____

Languages (including sign language), you use at work _____

SECTION 2 – Child Development Permit

Do you currently have a Child Development Permit? No Yes

What is your current level? _____ What is your current expiration date: ____/____/____

- Assistant Associate Teacher Teacher Master Teacher Site Supervisor Program Director

Have you recently applied for a new permit or permit upgrade? No Yes (date applied: _____)

- Permit Level Assistant Associate Teacher Teacher
 Master Teacher Site Supervisor Program Director

SECTION 5B Other credentials/permits you hold (use additional sheet, if necessary) **Expiration Date**



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Applicant Name _____ **Date** _____

SECTION 3 – Current Employment

Child Care Employer _____ Job Title _____

Beginning date of employment: _____ How many hours do you work per week _____
MONTH DAY YEAR (if varies, give average)

Work Address _____ City _____ Zip _____

Director's Last Name _____ First Name _____ Phone _____

Elementary School closest to program: _____

Hours of operation (check all that apply): Early (before 7:00 am) Late (after 6:00 pm) Year round
 Morning only Evening only On weekends Between midnight and 5:00 am

Which best describes this program:

- State funded preschool CDE General Child Care Center Family Child Care
 Private/Non Subsidized Center Head Start/Early Head Start Program legally exempt from Licensing

Your **Gross Annual Salary** \$ _____ Your **Hourly Wage** \$ _____

How many children do you typically work with: **PLEASE PROVIDE A NUMBER FOR EACH AGE GROUP**

- | | |
|---|--|
| # _____ Birth to 23 months | # _____ 2 years to 2 years and 11 months |
| # _____ 3 years to kindergarten entry (4.9 years) | # _____ School age (K-6) |
| # _____ Birth to 5 years with identified disabilities | |

SECTION 3B - Verification of Current Employment (to be completed by Applicant's Supervisor, Board President, or other authority able to verify information)

I certify that the applicant _____ is currently employed at (name of program) _____ and has worked at least 15 hours per week for nine (9) months within the past year prior to the date of my signature as (position) _____.

I understand that the incentive she/he receives is in addition to her/his annual salary, and I certify that current salary and salary advancement will not be negatively affected by the incentive.

PRINT name of supervisor or other authority, and Title/ Position

Signature

Date

SECTION 4 – Previous Child Care Employment

To Applicant: Please complete information for all past child care employers. Use additional pages as necessary.

Employer's Name _____

Number of years with employer _____ Job Title _____

Employer's Name _____

Number of years with employer _____ Job Title _____

Applicant's Signature *Application must include an ORIGINAL signature*

I certify that all information provided is true and correct. Intentional incorrect information could lead to penalties including, but not limited to, exclusion from the Professional Development Program. I authorize the Professional Development Program to share my application information with the Professional Development Program partners, including Contra Costa County Office of Education, First 5 Contra Costa, the Contra Costa Child Care Council, Los Medanos College, Contra Costa College, Diablo Valley College, and CSUEB for the purpose of keeping me informed of incentives and other professional development opportunities .

SIGNATURE OF APPLICANT

DATE



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B. LONG TERM EDUCATION AND/OR CAREER GOALS (3-5 YEARS)

<input checked="" type="checkbox"/>	EDUCATION OR CAREER GOAL (3-5 YEAR PLAN)	ANTICIPATED TIME FRAME TO REACH GOAL			
<input type="checkbox"/>	Child Development Permit <input type="checkbox"/> renewal <input type="checkbox"/> upgrade <input type="checkbox"/> new Level _____	<input type="checkbox"/> this year!	<input type="checkbox"/> next year	<input type="checkbox"/> 2 years	3 to 5 years
<input type="checkbox"/>	To obtain my Associates' degree in ECE or Child Development	<input type="checkbox"/> this year!	<input type="checkbox"/> next year	<input type="checkbox"/> 2 years	3 to 5 years
<input type="checkbox"/>	To complete the required AA transfer units in order to attend University	<input type="checkbox"/> this year!	<input type="checkbox"/> next year	<input type="checkbox"/> 2 years	3 to 5 years
<input type="checkbox"/>	To begin working on or complete my Bachelors' degree in ECE, Child Development or Human Development	<input type="checkbox"/> this year!	<input type="checkbox"/> next year	<input type="checkbox"/> 2 years	3 to 5 years
<input type="checkbox"/>	To own my own Family Child Care business	<input type="checkbox"/> this year!	<input type="checkbox"/> next year	<input type="checkbox"/> 2 years	3 to 5 years
<input type="checkbox"/>	To become a Center Director	<input type="checkbox"/> this year!	<input type="checkbox"/> next year	<input type="checkbox"/> 2 years	3 to 5 years
<input type="checkbox"/>	To pursue an area of specialization	<input type="checkbox"/> this year!	<input type="checkbox"/> next year	<input type="checkbox"/> 2 years	3 to 5 years
<input type="checkbox"/>	To become a mentor teacher and/or mentor placement site	<input type="checkbox"/> this year!	<input type="checkbox"/> next year	<input type="checkbox"/> 2 years	3 to 5 years
<input type="checkbox"/>	To become a Professional Growth Advisor	<input type="checkbox"/> this year!	<input type="checkbox"/> next year	<input type="checkbox"/> 2 years	3 to 5 years
<input type="checkbox"/>	Other (please specify): _____	<input type="checkbox"/> this year!	<input type="checkbox"/> next year	<input type="checkbox"/> 2 years	3 to 5 years

C1. AB212 ANNUAL REQUIREMENTS - ALL AB212 STAFF

<input checked="" type="checkbox"/>	Educational Requirement for AB212 Staff	Quality Improvement Requirement for AB212	Quality Improvement Planning Documents
<input type="checkbox"/>	3 units per year 1. Must attach <ul style="list-style-type: none"> College Education Plan outlining specific courses that will meet your identified educational goals. Math and English Assessment (or waiver) 	For consideration for funding in 2011-12, please review the Action Plan for your classroom and prepare reflections based on your role in increasing quality for children in your classroom. See Section C2 for more information.	2. Must complete reflection statements from (Section C2), and attach Desired Results Program Action Plan for your classroom. See Section C2 for more information.

APPROVED COURSE PLAN: *I plan to complete courses in the following approved subject areas...*

ECE	<input type="checkbox"/> Core ECE	<input type="checkbox"/> ECE Elective	<input type="checkbox"/> Specialization	<input type="checkbox"/> Administration	<input type="checkbox"/> Supervision
GE	<input type="checkbox"/> Developmental Math <input type="checkbox"/> Developmental English <input type="checkbox"/> GE Core for AA or permit				
Other	<input type="checkbox"/> Transfer Requirement <input type="checkbox"/> Other _____				

Please list all planned courses for 2011-12

I plan to reflect on my role in increasing quality in my classroom in the area of _____ as defined in the Program Action Plan submitted to the State of California on _____ (date)

Applicant's Signature

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C2. QUALITY IMPROVEMENT -- Please provide responses to the following questions related to your Desired Results Area of Need

<input checked="" type="checkbox"/> Reflections that support Quality Improvement	Planning Documents
<input type="checkbox"/> I have read my classroom/program's Action Plan and have determined that the area in need of improvement is: _____ _____ _____	<input type="checkbox"/> DRDP-R Action Plan (Required) <u>Optional</u> <input type="checkbox"/> California Preschool Curriculum Foundations, or Framework <input type="checkbox"/> CLASS, or <input type="checkbox"/> Other
<input type="checkbox"/> My role in increasing quality in this area will require me to: <input type="checkbox"/> Perform targeted research <input type="checkbox"/> Develop discussion with other staff, teachers, or the director <input type="checkbox"/> Observe other programs or staff <input type="checkbox"/> Other _____	
<input type="checkbox"/> By participating in Quality Improvement, my goal is to: 	

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SIGNATURE OF APPLICANT

DATE

Applicant has discussed this quality improvement option with me. My signature indicates that I believe the choice is appropriate for applicant's level of education, experience, employment position, and skills.

Signature of PDP Representative _____ Date: _____

PDP Representative Notes:

For Office Use Only:

Application and Planning Tool with Quality Improvement Reflections due by November 15, 2011	Received by _____ Date _____
Reflections after completing Quality Improvement due by April 15, 2012	Received by _____ Date _____
Education Requirement completed and proof due by 6/01/2012	Received by _____ Date _____
Request for Annual Participation due by 6/01/2012	Received by _____ Date _____