

Career Services ♦ Student Community Center 118 ♦ 973-328-5245 ♦ career-services@ccm.edu

APPROVAL FOR PARTICIPATION IN CCM'S COOPERATIVE EDUCATION PROGRAM for

EARLY CHILDHOOD EDUCATION (2940) / EARLY CHILDHOOD DEVELOPMENT (5134)

Overview: The Cooperative Work Experience provides students in the Early Childhood programs with joboriented training and practical experience in a work environment. This course provides a variety of experiences to further enhance students' professional development. There are not specific job duties that must be completed as part of the course other than fulfilling the job duties required by the employer. There will be online discussions that will focus on the following topics:

Becoming a Professional

Knowing Yourself and Your Values

Developing Your Educational Style

Child Guidance

Programming, curriculum and instructional planning

Collaboration, communication & conflict resolution

Interacting with families

Working with children with special needs

Quality programs and accreditation

Students may seek approval for any employment working with children in a center-based educational environment as long as it meets the following conditions:

- 1. Paid employment, not volunteer.
- 2. Totaling 300 hours throughout the course
- 3. (ONLY for those pursuing the CDA Credential- you must work with children ages 2 ½ 6)

Step 1: Obtain Faculty Approval: Obtain faculty advisor's signature on Approval Form to participate in Cooperative Work Experience.

Step 2: Submit Approval Form: Submit signed Approval Form to the Office of Career Services and Cooperative Education. For assistance with securing job placement meet with a representative of the Office of Career Services regarding resume review, job referrals, and interviews (or to coordinate approval of your present employer or job offer).

Step 3: Obtain Employer Approval: Obtain employer's signature on Job Duties Form and submit to the Office of Career Services.

Step 4: Register for Courses: Once cleared by the Office of Career Services you may register for CDC-228.

Internship Semester	Student's Name	
	Melissa Kasmin	
Date	Signature Faculty Internship Advisor	



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COOPERATIVE EDUCATION PROGRAM at CCM

Please print clearly

MAJOR		PARTICIPATING SEMESTER	
STUDENT ID	NAME		
CITY		PHONE	
CCM E-MAIL		@student	:.ccm.edu
pay for tuition as I would for any oth or employment qualifications may be	er class, for the semes e provided to prospect	a graded academic course, for which I agree to reg ster in which I am working. I also understand that m tive employers. In addition, any information given t ot be shared with other students or community men	ny resume to me by
I have read, understand, and acce	ept the above.		
Student Signature		Date	
Approved		Use Only	
Using Own Job (Attach Job D			
_			
Employer:Address:			
Contact/Phone/Email:			
Credits: 3Cr 2Cr 1Cr	Term:	Start Date: Wage:	
Notes:			