

# 2010-2011 Student Request for Placement with a Mentor

MENTOR NAME					
STUDENT FIRST NAME		MIDDLE	LAST NAME		PHONE NUMBER
MAILING ADDRESS				CITY, STATE, ZIP CODE	
EMAIL ADDRESS				DATE	
What is your preferred schedule for student teaching?		Are you enrolled in the CDC-WORKs Program?		Are you a co-worker?	
		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you a CARES participant? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Why do you wish to be placed with this Mentor Teacher for this course?					
<p><b>Priorities:</b> <i>Please circle the number which best describes you</i></p> <ol style="list-style-type: none"> <li>1. Currently working in a CDD funded program.</li> <li>2. Working with low-income children in a Head Start center or other center/family day care home.</li> <li>3. Working or seeking to work in a center or family day care home subsidized in part by funds administered by the Child Development Division, California Department of Education.</li> <li>4. Specializing or seeking to specialize in serving children in a primary language, or serving children with special needs (infants and toddlers, exceptional needs children, etc.).</li> <li>5. Working or seeking to work in any program that could serve children subsidized by funds administered by CDD.</li> </ol>					
INSTITUTION		COURSE NAME AND NUMBER		INSTRUCTOR	
<b>PRE-PLACEMENT CONFERENCE</b>					
CONFERENCE DATE:	COURSE START		COURSE END		HOURS PER WEEK
STUDENT COMMENTS					
MENTOR COMMENTS					
PLACEMENT SCHEDULE:	Start Date	End Date	Len (wks)	Hrs/Wk	Total hours
<b>APPROVAL</b>					
STUDENT TEACHER SIGNATURE				DATE	
MENTOR SIGNATURE					
PRACTICUM INSTRUCTOR SIGNATURE					