Early Childhood Aide Certificate Program Offered by Columbus State Community College

Student Application 2015-2016

Please return by mail, fax, email or in person to:

Columbus State Community College Attn: Jackie Teny-Miller Union Hall 232 550 E. Spring Street Columbus, Ohio 43215 Phone: 614-287-2544 Fax: 614-287-6007 jteny@cscc.edu



"Tell me and I forget. Teach me and I remember. Involve me and I learn." Benjamin Franklin

Early Childhood Aide Certificate Program Description (ECA)

The ECA program is a one year (summer term and two semesters) certificate program offered by Columbus State Community College for adults, of any age, that have a developmental disability. Students will take classes and participate in practicums that will teach them the skills needed to assist in Early Childhood Programs. Upon the successful completion of the program, students will be eligible for a position as an Early Childhood Aide at a local Head Start program or Child Care Agency.

Plan of Study

- ♦ Summer Term
 - Service Delivery and Ethics
 - Recognition of Child Abuse, Communicable Diseases and First Aid
- ♦ Fall Semester
 - Early Childhood Guidance and Curriculum
 - Language and Literacy
 - Early Childhood Practicum & Seminar I
- ♦ Spring Semester
 - Social Emotional Development and Curriculum
 - Media resources
 - Early Childhood Practicum & Seminar II

ECA Program Eligibility Requirements

- Have a developmental disability
- Have a high school diploma or GED
- Have a 5th grade or above reading level
- Have the ability to "look outside of themselves"
- Demonstrate interest in developing skills needed to assist others
- Receive 3 recommendations to participate from past/current teachers,
- work study / transition coordinators, employer, service coordinator, etc.
 Apply to Columbus State Community College, take the COMPASS
- Apply to Columbus State Community Conege, and a submit ECA application packet.
 placement test, complete and submit ECA application packet.
- Participate in an interview with the Program Coordinator.
- Submit most recent IEP and ETR
- Have a proven ability to participate appropriately in a classroom and/or professional work settings
- Meet Ohio's background check requirements to work with children
- Acquire a physician's verification of physical fitness

FEES: Fees for the ECA Program are tuition-based and follow the typical Columbus State fee schedule.

Transportation is the individual's responsibility.

Applications accepted any time after November 1, 2014 until 14 applicants have been accepted. Program starts summer term 2015

Early Childhood Ai	lication ide Certificate Program Community College 014 and continuing until the program is full.
Name:	
Address:	
Phone Number: (home)	(cell)
E-mail address:	
Date of birth:	
High School attended/attending: Year completed/completed/	leting HS
I was referred to the program by (tea counselor, friend, other)	eacher, service coordinator, BVR
I am an enrollee of a County Board If yes, which county?	
Service Coordinator's name:	Phone #
	0
I live independently yes I live in Supported Living yes My provider agency is	no no
My disability is	
	work? yes no naterial, interpreter, assistance with
I understand if I'm accepted into the	the program I will be required to sh

needed / pertinent medical information. yes _____ no ____

Transportation		(1)
Ride COTA bus: yes	no	sometimes
Drive: ves no		
Provider or family member tran	nsports: yes _	no
You will need transportation at least		
arrange this? yes 1	10	
Have you ever been convicted of, ple other than a minor traffic violation?	d guilty to or	no contest to, a crime
other than a minor traffic violation?	yes	110
How do you plan on paying your tuit	ion?	

Early Childhood Aide Application Questions about Me!

To be completed by person applying

Name: _____

Please answer the following questions to the best of your ability. Answers should be brief, but you may attach additional sheets of paper if necessary.

- 1. Are you involved in activities, hobbies, social groups, sports? If so, please describe.
- 2. Do you work? If yes please share where, what you do and how many hours you work.
- 3. Tell me about any experiences you have had helping other people. (Volunteered in a school setting, helped with church nursery, helped with individuals that are older). Please be specific.

4. Do you enjoy working with children? If yes, please give several examples.

5. How would your family describe you?

6. What do you do when stressed / frustrated?

7. What types of things do you need assistance with?

8. What are you good at?

9. Why do you want to be in this program?

10. What else do you want us to know about you?

Early Childhood Aide Certificate Program Parent/Guardian Form

Name:	
lame.	

Relationship to applicant _____

Phone number _____

Student/applicant's name_____

Please share why you are interested in the program for the applicant

Please discuss any assistance you feel the applicant will need to be successful

I understand that _______ is applying for admission to attend the Early Childhood Aide Certificate Program at Columbus State Community College. If he/she is selected to participate, I will help to ensure that he/she attend the program. I certify that he/she meets the following eligibility criteria: has a developmental disability, demonstrates a desire to continue his/her education, and displays appropriate behavioral and social skills in school, home and community.

Signature_____

Drint Nome	Date
Print Name	

Early Childhood Aide Certificate Program Recommendation Letter

as professionals prepare for the potential students' needs in the best way possible. ABOUT THE PERSON WRITING THIS RECOMMENDATION: Name: _____ Address: _____ Phone Number: _____ Email Address: _____ Relationship to Applicant: _____ I have known the Applicant for: _____ Please answer the following: Describe the Applicant in three words: _____ _____ Please tell us why you feel the applicant would benefit from participating in this Certificate Program: Describe any additional supports you feel the applicant may need to be successful in this program: Please share any concerns you have regarding the applicants participation in this program

Please rate the following as it pertains to the applicant:

	Strong Point	Meets Expectations	Support Needed
Organization			
Listening/following directions			
Writing skills			
Recognizes and responds appropriately to needs of others			
Appropriate communication skills			
Deals with stress/frustration			
Adaptable to new situations			
Receptive to feedback			
Emotional Stability			

Additional Comments:

This letter should be emailed, mailed or faxed to: Jackie Teny-Miller Columbus State Community College Union Hall 232 550 East Spring Street, Columbus, Ohio 43215

Fax number: 614-287-6007

Email: jteny@cscc.edu

Early Childhood Aide Certificate Program **Recommendation Letter**

as professionals prepare for the potential students' needs in the best way possible.

ABOUT THE PERSON WRITING THIS RECOMMENDATION:

Name: _____

Address: _____

Phone Number: _____ Email Address: _____

Relationship to Applicant: I have known the Applicant for: _____ Please answer the follow questions: Describe the Applicant in three words: _____

Please tell us why you feel the applicant would benefit from participating in this Certificate program:

Describe any additional supports you feel the applicant may need to be successful in this program:

Please share any concerns you have regarding the applicants participation in this program

Please rate the following as it pertains to the applicant:

	Strong Point	Support Needed
Organization	2 0000	
Listening/following directions		
Writing skills		
Recognizes and responds appropriately to needs of others		
Appropriate communication Skills		
Deals with stress/frustration		
Adaptable to new situations		
Receptive to feedback		
Emotional Stability		

Additional Comments:

This letter should be emailed, mailed or faxed to: Jackie Teny-Miller Columbus State Community College Union Hall 232 550 East Spring Street, Columbus, Ohio 43215

Fax number: 614-287-6007

Email: jteny@cscc.edu

Early Childhood Aide Certificate Program Recommendation Letter

Name of Applicant: _____

Please answer the following questions to the best of your ability. This letter is to help us as professionals prepare for the potential students' needs in the best way possible.

ABOUT THE PERSON WRITING THIS RECOMMENDATION:

Name: _____

Address: _____

Phone Number: _____ Email Address: _____

Relationship to Applicant: ______ I have known the Applicant for: _____ Please answer the follow questions:

Describe the Applicant in three words: _____ ____

Please tell us why you feel the applicant would benefit from participating in this Certificate program:

Describe any additional supports you feel the applicant may need to be successful in this program:

Please share any concerns you have regarding the applicants participation in this program

Please rate the following as it pertains to the applicant:

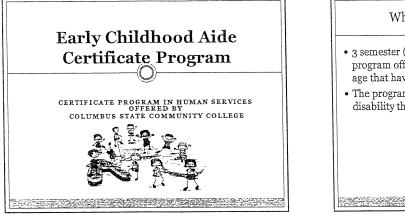
	Strong Point	Support Needed
Organization		
Listening/following directions		
Writing skills		
Recognizes and responds appropriately to needs of others		
Appropriate communication skills		
Deals with stress/frustration		
Adaptable to new situations		
Receptive to feedback		
Emotional stability		

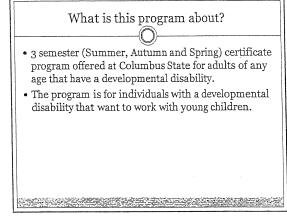
Additional Comments:

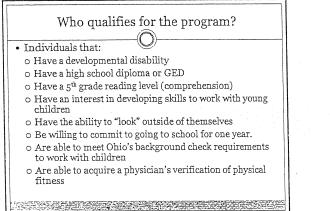
This letter should be emailed, mailed or faxed to: Jackie Teny-Miller Columbus State Community College Union Hall 232 550 East Spring Street, Columbus, Ohio 43215

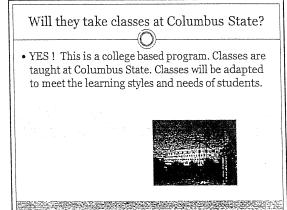
Fax number: 614-287-6007

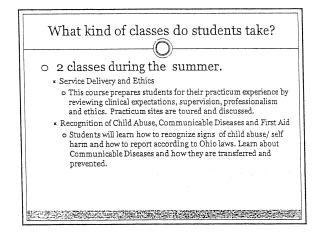
Email: jteny@cscc.edu

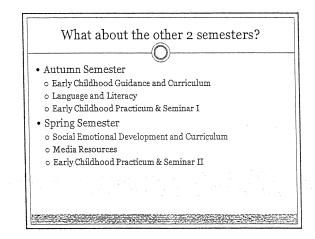


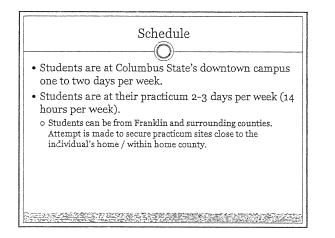


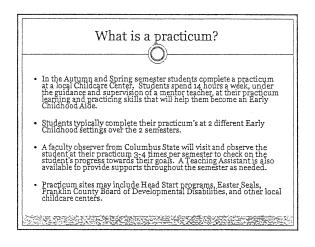


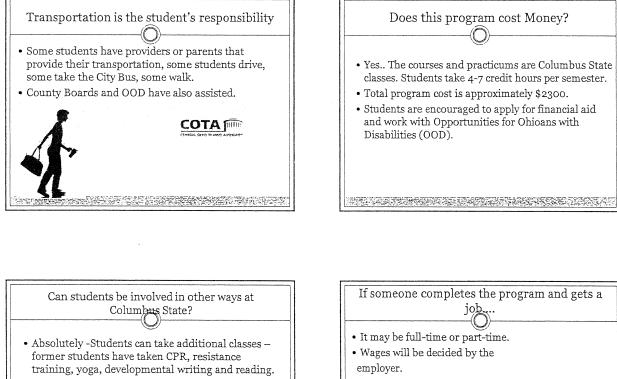


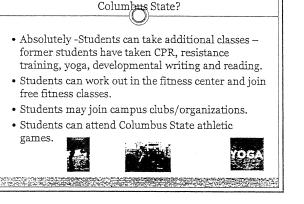


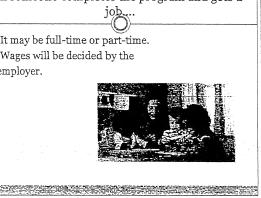


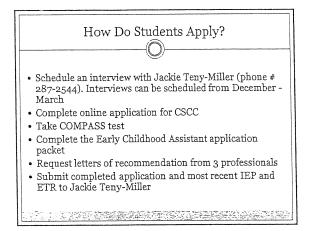


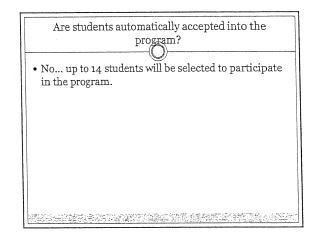












s. . .

