CDV 496 Directed Field Experience
Enrollment Form

Contact Information

Student Name: ________________________________  Student ID: ____________
Address: ________________________________________________________________________________________________
Home Phone: ___________________________  Cell Phone: ____________________________
CSUDH Email: ________________________________________________________________________________________________
Alternate Email: ________________________________________________________________________________________________

Course Requirements

Expected Fieldwork Semester:  □ Fall 20___  □ Spring 20___

Prerequisites:

▪ Upper class standing; completion of specialized level courses and below
▪ current TB test (TB testing date TB test results should be no more than one year old from the end of your fieldwork)
▪ Live Scan (Certificate of Clearance documentation)
▪ Please contact Ms. Teri Ito Abbott in the Center for Teaching Careers for TB and Certificate of Clearance information and verification at (310) 243-2663.

Students must submit a copy of the following with their application to the Child Development Program office:

▪ Current TB Test
▪ Certificate of Clearance documentation
▪ Advisory Instruction Form
▪ Current resume indicating professional experience (student must submit a copy to placement site).

Course requirements:

▪ Students will be placed in a CSUDH approved field experience site.
▪ Students must complete all fieldsite requirements (e.g., TB test, MMR, Live Scan, interview, orientation, etc.).
▪ Students will complete 3 units of directed field experience at their assigned field experience site, a total of 9 hours a week/135 hours over the semester.
▪ Students will attend 1 unit of seminar, 2 hours every other week.
▪ Students will actively participate in seminar meetings, complete all assigned readings prior to class, and submit journals and assigned projects.
## Experience Working with Children

### Paid Experience

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<tr>
<th>Employer</th>
<th>Position Held</th>
<th>Age Group Served</th>
<th>Dates of Employment</th>
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### Volunteer Experience

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<th>Agency Name</th>
<th>Duties/Responsibilities</th>
<th>Age Group Served</th>
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### Area(s) of Interest

Check the age group(s) that you are most interested in learning about, and interacting with during your field experience.

- [ ] Infants
- [ ] Toddlers
- [ ] Preschoolers
- [ ] School-Age
- [ ] Adolescents

### Transportation

What mode of transportation will you use to travel to your fieldwork site? Please check all that apply.

- [ ] Personal Car
- [ ] Public Transportation
- [ ] Walking
- [ ] Other (please describe) ________________________________
**Learning Objectives**
Describe what you would like to gain through your field experience. Include concrete examples of your personal and professional goals that you would like to achieve while participating in your field experience. Briefly share the areas of development that you are interested in gaining more knowledge about such as; cognitive, social-emotional, language, and physical development.

Describe your professional objectives once you have obtained your Bachelor’s degree; which career path are you most interested in?

**Availability**
The scheduling of field experience placements is determined by the program or agency, and in collaboration with the Field Experience Supervisor. Available days and hours are identified by the program or agency. Requests and preferences will be considered when possible, but cannot be guaranteed.

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<th>Day</th>
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Fieldwork Placement

Fieldwork placements are determined by the Field Experience Supervisor in collaboration with the program or agency. Please indicate where you would prefer your placement to be near. Preferences will be considered when possible, but cannot be guaranteed.

I prefer my placement to be near (please select all that apply):

____  Home  City: ____________________________

____  Work  City: ____________________________

____  School

Program Office Use Only

Date Received: _______________  Time Received: __________________________

Student has completed all advanced level courses (circle one):   Yes   No

Student has a current TB Test (circle one):   Yes   No

Student has submitted Live Scan clearance (circle one):   Yes   No

Student has submitted a current resume (circle one):   Yes   No

Approval (circle one):   Approve   Deny

__________________________  _________________________
Program Coordinator  Date

__________________________  _________________________
Field Experience Supervisor  Date