



San Mateo County Early Learning and Care
Career Development Initiative
Stipend Program 2023-24
EDUCATION PLAN



1. Student Name: _____ 2. Current College / University: _____

3. Permit Number: _____ 4. Expiration Date: _____

5. What is your academic goal? (Check all boxes that apply)

- AA / AS in _____
 Other: _____
 Apply for a Child Development Permit
 BA/BS in _____
 Transfer readiness
 Upgrade/Renew Child Development Permit
 MA/MS in _____

Do you have a Professional Growth Advisor? If yes, list name(s): Do _____

you have a Professional Growth Plan? Yes No

6. List the courses you are *currently* taking and the courses you are *planning to take* during this academic year:

Semester	Course ID #	Course Name	# of Units	ECE Core?	ECE Cert?	ECE Permit?	Pre-Req GE?	Degree Applicable?

7. Notes Section (this section to be completed by Advisor):

Topics Discussed:	Other Recommendations and Comments (include courses for future semesters)
<input type="checkbox"/> Transcript Review <input type="checkbox"/> Permit Matrix <input type="checkbox"/> General Education <input type="checkbox"/> Permit Application <input type="checkbox"/> Degree Requirements <input type="checkbox"/> Other	

8. Permit Recommendations (if applicable)

ECE

Application/Renewal

Upgrade

General Education

English: _____

Social Science: _____

Humanities: _____

Math/Science: _____

9. By signing below, we certify that, to the best of our knowledge, the above information is accurate.

Student's Signature

Date

Advisor's Signature

Date