# **Student Information Form**

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| **Name:** |  |
| **Phone:** |  |
| **Email:** |  |

**ECSE focus:**

Early intervention  Preschool  Both

**Undergraduate degree:**

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| --- | --- | --- | --- |
| Focus: |  | Year: |  |

**Graduate degree:**

(if applicable)

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| --- | --- | --- | --- |
| Focus: |  | Year: |  |

**Describe your experiences working with young children with disabilities/delays and their families:**

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**Length of program:**

1 year  2 years  3 years (combined EC/ECSE program)

**Semester in program:**

1  2  3  4  5  6

**ECSE courses completed:**

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**Courses currently enrolled in this semester:**

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**Other information you would like to share with your university supervisor and cooperating professional:**

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