

Application for Award CERTIFICATE OF ACHIEVEMENT IN CHILD DEVELOPMENT

Academic Plan: H021645D



Instructions to student:

1. Please complete this form.
2. Attach copies of your transcripts which include classes required for this certificate.
3. Return your completed application to Admissions & Records (SSA 218) 310-233-4020, or use your district email account (ends in @student.laccd.edu) to email completed forms to arhelp@lahc.edu.
4. A notice will be sent to you by email once your application is reviewed and processed.

Course	Name	Units	Grade	Semester	Year
CH DEV 022	Component I: Practicum in Child Development	4			
	Component II (choose <u>20</u> units minimum):				
CH DEV 001	Child Growth and Development	3			
CH DEV 002	Early Childhood: Principles & Practices	3			
CH DEV 003	Creative Experiences for Children I	3			
CH DEV 004	Creative Experiences for Children II	3			
CH DEV 005	Puppetry I	3			
CH DEV 010	Health, Safety, and Nutrition	3			
CH DEV 011	Child, Family and Community	3			
CH DEV 012	Parent-Teacher-Child Interaction	3			
CH DEV 023	Practicum in Child Development II	4			
CH DEV 030	Infant/Toddler Development	3			
CH DEV 031	Infant/Toddler Care and Education	3			
CH DEV 034	Observing and Recording Children's Behavior	3			
CH DEV 036	Literature for Early Childhood	1			
CH DEV 038	Administration and Supervision of Early Childhood Programs I	3			
CH DEV 039	Administration II; Personnel and Leadership in Early Childhood Education	3			
CH DEV 042	Teaching in a Diverse Society	3			
CH DEV 044	Early Intervention for Children with Special Needs	3			
CH DEV 045	Programs for Children with Special Needs	3			
CH DEV 065	Adult Supervision/Early Childhood Mentoring	2			
CH DEV 075	Child Safety	1			
CH DEV 172	Introduction to Careers in Child Development	3			
CH DEV 185	Directed Study - Child Development	1			
EDUC 001	Introduction to Teaching	3			
	Additional Requirements (3-4 units)				
ENGLISH 101	College Reading and Composition I	3			
or ENGLISH 101X or 101Y or 101Z	College Reading and Composition I with Plus 1-Hour, 2-Hour or 3-Hour Lab	3, 3.5, 4			
	Total Units	27-28			

(continued on page 2)

(continued from page 1)

Student Name: _____

Student ID Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Phone: _____

By signing below I certify that all information is true and correct to the best of my knowledge.

Signature: _____ Date: _____

FOR OFFICE USE ONLY

Do not write in this box

☐ Granted

☐ Denied

☐ Pending

Notes: _____

Reviewed by: _____

on date: _____

Student notified by email on date:
