

Early Childhood Education or Child Development *COURSEWORK* Approval Form

**Prior approval for unit-bearing Early Childhood Education or Child Development coursework or both is REQUIRED. Complete and submit APPROVAL FORM prior to registering for courses.
(Available for TK AND CSPP Teachers)**

Please check one

- Transitional Kindergarten Teacher (*MUST work directly with at least ONE TK Student*)
- CA State Preschool Program Teacher (*MUST work directly with Preschool Aged CSPP Children at least 15 hours per week*)

Please complete ONE Approval Form per Quarter or Semester

Title and Course Number _____

Title and Course Number _____

Title and Course Number _____

College/University _____

Number of Units _____

Beginning and ending dates _____ to _____

Actual educational expenses include: tuition fees, registration costs, and cost of required books.

Estimated Amount of Tuition fees _____

Estimated Cost of Registration _____

Estimated Cost of required Books _____

Original verification documentation such as transaction receipts for registration, tuition, and book fees, official transcripts, and course syllabus will be needed for reimbursement purposes.

By signing this document I am certifying all of the information provided above is true and correct.

Print Name _____

Participant Signature _____ Date: _____

Approved by ECE Project Specialist _____ Date: _____

Submit completed APPROVAL FORM to the address below prior to registering for ECE/CD Coursework

**Contra Costa County Office of Education (CCCOE)
Educational Services Department – Early Care and Education Projects
Attn: Marissa Frias, ECE Project Specialist
77 Santa Barbara Road
Pleasant Hill, CA 94523**

Early Childhood Education or Child Development **PROFESSIONAL DEVELOPMENT** Approval Form

Prior approval for Early Childhood Education or Child Development related Professional Development is **REQUIRED**. Complete and Submit **APPROVAL FORM** prior to registering.
(Available ONLY for TK Teachers)

Please check box

Transitional Kindergarten Teacher (**MUST** work directly with at least one TK Student)

Please complete ONE Approval Form per Professional Development Request

Title of PD Activity _____

Name of Organization Providing PD _____

Number of Hours _____

Beginning and ending dates _____ to _____

Actual professional development expenses include registration fees for conferences, workshops, and trainings

Estimated Amount of Registration fee _____

Original verification documentation such as transaction receipts for registration fees, certificate of completion, copy of sign-in sheets and agenda/meeting materials will be needed for reimbursement purposes.

By signing this document I am certifying all of the information provided above is true and correct.

Print Name _____

Participant Signature _____ Date: _____

Approved by ECE Project Specialist _____ Date: _____

Submit completed APPROVAL FORM to the address below prior to registering for ECE/CD related Professional Development conferences or trainings.

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