



El Camino College Teacher Education Program Student Information Sheet



In order for us to best assist you, please provide us with the following information:

Name _____ ECC Student ID _____

Address _____ City _____ Zip _____

Phone (_____) _____ Alternate Phone(_____) _____

Gender(**optional**) _____ Ethnicity(**optional**) _____

- Please indicate whether you are here to join our program for ongoing counseling appointments or you are here for a one time only general information visit:
 Join program (for ongoing counseling) One time only visit (for general information)
- If you are joining the program, would you like us to mail you an appointment reminder card each semester?
 Yes No

3. Please place a check mark next to your **PRIMARY** career interest:

<input type="checkbox"/>	Preschool (pre-K)	<input type="checkbox"/>	School administrator
<input type="checkbox"/>	Elementary (K-5)	<input type="checkbox"/>	School Nurse
<input type="checkbox"/>	Middle School (6-8)	<input type="checkbox"/>	School Librarian
<input type="checkbox"/>	High School (9-12)	<input type="checkbox"/>	School counselor, psychologist, social worker
<input type="checkbox"/>	Special Education (pre-K)	<input type="checkbox"/>	Speech/Language Pathologist
<input type="checkbox"/>	Special Education (all grades)	<input type="checkbox"/>	Adult Education
<input type="checkbox"/>	Community College/University Professor	<input type="checkbox"/>	Other:

4. What is your current major? _____

5. Please place a check mark next to your **PRIMARY** degree objective:

<input type="checkbox"/>	Child Development Permit	<input type="checkbox"/>	Associate's Degree
<input type="checkbox"/>	El Camino College Certificate	<input type="checkbox"/>	Bachelor's Degree

6. Why do you wish to see our counselor today? _____

7. Are you planning to transfer? _____ If so, where? _____

8. Do you have transcripts from other schools? _____ If so, where? _____

Office Use Only:

Today's Date: _____ Reviewed by: _____ Level _____