



Department of Curriculum, Culture, and Educational Inquiry  
Department of Exceptional Student Education  
Florida Atlantic University

Bachelor in Early Care and Education  
**Advising Form**  
March 2009

First Name: Last Name: Z Number:  
Address: City: State/Zip:  
Cell Phone: Home Phone: Work Phone:  
Associate Degree(s): Year Admitted to FAU/BECE: FAU Email:

			Semester / Grade
<b>First Semester (Fall) 12 credits</b>			
EEX 3201	Typical/ Atypical Child Development: Birth - Age 8	(3)	_____
EEC 3214	Designing and Implementing a Blended Curriculum: Birth - Age 8	(3)	_____
LAE 4353	Language Arts and Literature: Birth - Grade 8	(3)	_____
EDF 3430	Educational Measurement & Evaluation	(3)	_____
<b>Second Semester (Spring) 14 credits</b>			
RED 4308	Reading Development I: Birth – Grade 3 (Prereq. LAE4353)	(3)	_____
EEX 3226	Assessment of All Young Children (Prereq. EDF3430)	(3)	_____
EEX 3754	Building Family, Community and School Partnerships	(2)	_____
*Elective		(3)	_____
*Elective		(3)	_____
<b>Third Semester (Summer) 12 credits</b>			
EEX 3603	Positive Behavior Supports in Inclusive Early Childhood Settings (Prereq. EEX3226)	(3)	_____
EEX 4112	Language Development and Intervention in Young Children (Prereq. EEX3201, EEX3226)	(3)	_____
*Elective		(3)	_____
*Elective		(3)	_____
<b>Fourth Semester (Fall) 13 credits</b>			
EEC 4313	Blended Early Childhood Methods: Birth - Age 5 (Prereq. EEX3226, EEC3214)	(4)	_____
*Elective		(3)	_____
*Elective		(3)	_____
*Elective		(3)	_____
<b>Fifth Semester (Spring) 9 credits</b>			
*Elective		(3)	_____
*Elective		(3)	_____
*Elective		(3)	_____

**\*NOTE: Advisor approval is required for all electives.**

University Deficiencies:

\_\_\_\_\_  
Student's Signature / Date

\_\_\_\_\_  
Advisor's Signature / Date

\_\_\_\_\_  
Chairperson's Signature / Date

\_\_\_\_\_  
Approved for Admission by OASS / Date

Have you ever been arrested, charged with and/or convicted of a misdemeanor or felony? No\_\_\_\_\_ Yes\_\_\_\_\_ Failure to disclose this information will result in dismissal from the program. (Note: Florida child care agencies require all providers to be fingerprinted and screened for felony convictions.)

\_\_\_\_\_  
Student's Signature / Date