Welcome!

If you would like to submit a proposal to have your Bridging Education and Mental Health individual experiential learning assessed for college credit, please complete this form and return it to the Early Childhood Assessment Program. If you have any questions, please call us at 651-793-1358.

Title of Experiential Learning: Bridging Education and Mental Health in Early Childhood

Number of Credit(s): 1

Date for Completion: You have up to one month after completing CEED’s Bridging Education and Mental Health

I would like to take this for (please circle one): grade pass/no credit

Please note that we mostly give pass/no credit grades for experiential learning credits but we make exceptions for individuals who grades are required for third party payment.

Part I. Personal Information

Student Name ______________________________________________________

Address ____________________________________________________________

   Street                                      City     State     Zip

Home Phone ____________________ Work Phone __________________________

Email address ______________________________________________________

Degree focus or major, if known ______________________________________
Part II. Previous College Credits

Have you earned any college credits that are related to the Bridging Education and Mental Health experiential learning described in this proposal? If yes, list the courses and credits below and attach a copy of your college transcript. If not, skip to Part IV.

Course Title ___________________________ Number of Credits _______

Course Title ___________________________ Number of Credits _______

Please note that colleges cannot grant credit for courses which duplicate one another, or duplicate the content of courses already earned and so it doesn’t benefit you in applying for credits in something you already have credits in.

Part III. Competence Statement

Competence is what you know and what you can do, with regard to a particular subject at a specified level. By signing this proposal, you are verifying that you have competence in BEAM’s course objectives and know:

1. The theoretical underpinnings and best practices from both behavioral and psychodynamic/attachment perspectives that set the stage for an expanded approach to challenging behaviors in young children
2. Strategies for developing positive relationships with children and families as the cornerstone of good practice
3. Procedures for designing environments and experiences that enhance children’s development and positive interactions
4. Processes for determining why children engage in challenging behavior
5. Intervention strategies based on why children are engaged in challenging behavior

And can implement them in early childhood education and care.

Part IV. Assessment of Your Learning

Your learning will be evaluated using the following methods:

☐ The experience analysis papers and the feedback from your instructor (email hard copies accepted). Please submit papers from all six modules. This assignment is in your BEAM’s syllabus.
☐ Copy of student page containing your biographical information. This assignment is in your BEAM’s syllabus.
☐ An implementation plan (2-3 pages). This assignment is not in the syllabus but this is a component that we ask of our experiential learning students. We want to see how you will transfer the knowledge/learning acquired in this learning to a classroom or day care environment.
Part VII. Signatures

_____________________________________________________________
Student Signature         Date

_____________________________________________________________
Faculty Evaluator Signature          Date

Part VIII. Submit Your Proposal

Complete and submit the following materials:
  • Your completed and signed proposal form
  • Your Quick Start Registration Form
  • A check or money order to cover the $25 per credit fee for each credit in your proposal

Early Childhood Assessment Program Coordinator
Metropolitan State University,
700 E. Seventh Street,
St. Paul, MN 55106-5000:

For Office Use Only
Department Chairperson or program faculty signature and date
I give consent to the above student to register for this assessment of prior/experiential learning.

Signature ______________________ Date _____________________
If approval is not given, please explain.

Registration Office: Subcode # __________ Title ___________________________
Date Processed _____/_____/_____
8/04