



San Mateo County Early Learning and Care
Career Development Initiative
Stipend Program 2026-27
EDUCATION PLAN



1. Student Name: _____ 2. Current College / University: _____
3. Permit Number: _____ 4. Expiration Date: _____

5. What is your academic goal? (Check all boxes that apply)

- ☐ AA / AS in _____ ☐ Other: _____ ☐ Apply for a Child Development Permit
☐ BA/BS in _____ ☐ Transfer readiness ☐ Upgrade/Renew Child Development Permit
☐ MA/MS in _____

Do you have a Professional Growth Advisor? If yes, list name(s): Do _____

you have a Professional Growth Plan? ☐ Yes ☐ No

6. List the courses you are *currently* taking and the courses you are *planning to take* during this academic year:

Semester	Course ID #	Course Name	# of Units	ECE Core?	ECE Cert?	ECE Permit?	Pre-Req GE?	Degree Applicable?

7. Notes Section (this section to be completed by Advisor):

Topics Discussed:	Other Recommendations and Comments (include courses for future semesters)
☐ Transcript Review ☐ Permit Matrix ☐ General Education ☐ Permit Application ☐ Degree Requirements ☐ Other	

8. Permit Recommendations (if applicable)

☐ Application/Renewal

☐ Upgrade

ECE

- ☐ _____
☐ _____
☐ _____
☐ _____

General Education

- ☐ English: _____
☐ Social Science: _____
☐ Humanities: _____
☐ Math/Science: _____

9. Educational Milestones Met (07/01/2026-06/30/2027)? (Check all boxes that apply)

- ☐ AA / AS in _____ ☐ Other: _____ ☐ Apply for a Child Development Permit
☐ BA/BS in _____ ☐ Transfer readiness ☐ Upgrade/Renew Child Development Permit
☐ MA/MS in _____

Notes:

10. By signing below, we certify that, to the best of our knowledge, the above information is accurate.

Student's Signature

Date

Advisor's Signature

Date