

## Early Childhood Educator certificate - Program Participation Agreement

### PART 1: APPLICANT

Please print your name below and then ask a leader at the early childhood setting where you are employed (or where you will have access to an early childhood classroom) to complete the remainder of this form. Once complete, please return by one of these methods: 1) upload to your student status page (you will have access after you submit your application), 2) email to [eccert@butler.edu](mailto:eccert@butler.edu), 3) fax to 317-940-8150 or 4) mail to: Butler University Office of Admission, 4600 Sunset Ave., Indianapolis, IN 46208.

Applicant Name: \_\_\_\_\_

### PART 2: EARLY CHILDHOOD SETTING

On behalf of the early childhood setting named below, I make the following program commitments:

1. The cooperative teacher identified below is available in our building, and this teacher will be provided time to prepare for teaching in the classroom and mentoring the program participant.
2. The program participant will have access to and be allowed time in the early childhood classroom to work with the cooperative teacher on application-based components. If the participant is an employee, then the learning will be job-embedded.
3. The program participant and cooperative teacher will both be informed of any children in the classroom who cannot be photographed or videotaped.
4. Cooperative teacher has secured permission for the program participant to record students in the classroom as part of program participant's participation, excluding those identified above in line 3. For any intellectual property not owned by Butler, Butler is granted a non-exclusive, royalty-free, worldwide license to use created material for future educational or research purposes.
5. Technology resources will be made available to both the applicant and the cooperative teacher to implement this program. This includes, but is not limited to, internet access, a laptop or desktop computer and a device for recording video in the classroom and transmitting it to the University's learning management system. [View complete requirements.](#)
6. Supplemental materials and books curated for this program will be provided. This expense is capped at \$250 per cooperative teacher classroom. [View Supplemental Materials List.](#)
7. An action plan will be developed in the event a Cooperative Teacher has to leave the program midway. The action plan will identify who is available to step into an open Cooperative Teacher position. An adequate number of Cooperative Teachers will be secured to support program participants.

\_\_\_\_\_  
Name of Early Childhood Setting

\_\_\_\_\_  
Name of Cooperative Teacher

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Name of Representative (Printed)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Email address

\_\_\_\_\_  
Phone