

# QUESTIONNAIRE

## Early Childhood Education Certificate



Complete this form and submit it to the Office of the Registrar by email.

Office of the Registrar

604.854.4501

**Toll Free:** 1.888.823.8734

**Email:** admissions@ufv.ca

Student's Full Legal Name		UFV Student Number or Application ID (if known)	Date
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1. Why are you interested in completing the early childhood education certificate?
2. What unique qualities and strengths would you bring to the role of early childhood educator?
3. What do you believe are the qualities of a strong early childhood education program?
4. What do you think might be the most rewarding and most challenging aspects of working with young children?
5. How have your life experiences prepared you to be an effective early childhood educator?