

**Tri-County Technical College**  
Early Childhood Development Program  
Technical Advanced Placement (TAP)

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**Competency Verification & Teacher Recommendation Form**

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**ECD 135 (Health, Safety, and Nutrition)**

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**SECTION I (To be completed by the student)**

Please complete this section of the form and give it to your Early Childhood Education teacher.

*(PLEASE PRINT)*

Your Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ SSN: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

High School: \_\_\_\_\_ Grade: \_\_\_\_\_

**SECTION II (To be completed by the teacher)**

I verify that this student has mastered the major course competencies listed below (signifying mastery of all sub competencies shown on the course syllabus in effect at the time of this application and provided/ reviewed during the annual Business and Public Services Articulation Committee meeting), and therefore, I recommend this student to take the TAP examination.

**Major Course Competencies**

1. Plan, prepare and serve nutritionally balanced meals for young children.
2. Plan, implement and evaluate activities for promoting good nutrition and health practices in children.
3. Provide and maintain a healthy and safe environment.
4. Identify symptoms and treatments of major childhood diseases and illnesses.
5. Complete the standard Red Cross or American Heart Association (or their equivalent) First Aid exam.
6. Complete the standard Red Cross or American Heart Association (or their equivalent) CPR exam.
7. Recognize and take appropriate actions when confronted with minor and major injuries to children.
8. Identify elements of safe and unsafe environments.
9. Plan, implement, and evaluate activities designed to teach safety concerns to young children.

Teacher Name (PLEASE PRINT): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name of high school course(s) in which this student gained the required competencies for possible TAP credit:

\_\_\_\_\_

Date of course completion, or expected completion: \_\_\_\_\_

Comments (if applicable): \_\_\_\_\_

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Please make a copy of this form for your records and mail the original to: **Jacqueline Stewart, ECD Program Coordinator, Tri-County Technical College, P.O. Box 587, Pendleton, SC 29670. (Questions regarding TAP procedures for the ECD program should be directed to Jacqueline Stewart at 646-1417.)**