



State **BORN TO LEARN™ PROGRAM PLAN**
3 YEARS TO KINDERGARTEN ENTRY

Please type

Program Identification

Administrative Agency/Organization _____
 (School District, Child Care Center, etc.)

Program Name _____

PAT Program Address _____
 Street City State ZIP Code

PAT Supervisor _____ Title _____

PAT Office Telephone () _____ Fax () _____

E-mail _____

[Missouri School District Only: Region _____ School District Code _____]

- New 3-K Program* Existing 3-K Program

*Need to complete and attach a *Born to Learn™* Request for Permission to Copy Materials 3 Years to Kindergarten Entry

Please complete one box below for each person seeking 3 Years to Kindergarten Entry certification.	
Name _____ SS# _____ Address _____ Phone () _____ 3-K Training Date _____ Location _____	<input type="checkbox"/> P.E. 3-K Certification Approval _____ Certificate _____
Name _____ SS# _____ Address _____ Phone () _____ 3-K Training Date _____ Location _____	<input type="checkbox"/> P.E. 3-K Certification Approval _____ Certificate _____
Name _____ SS# _____ Address _____ Phone () _____ 3-K Training Date _____ Location _____	<input type="checkbox"/> P.E. 3-K Certification Approval _____ Certificate _____
Name _____ SS# _____ Address _____ Phone () _____ 3-K Training Date _____ Location _____	<input type="checkbox"/> P.E. 3-K Certification Approval _____ Certificate _____
Supervisor's Name _____ SS# _____ Address _____ Phone () _____ 3-K Training Date _____ Location _____	<input type="checkbox"/> Sup. 3-K Certification Approval _____ Certificate _____

Complete both sides of this form and mail to:

Parents as Teachers National Center, Inc.
 Attn: State Systems Department
 2228 Ball Drive
 St. Louis, Missouri 63146
 (314) 432-4330 fax (314) 432-8963
 (Continued on reverse side)

School District/Agency _____
City & State _____ Date of Report _____

A. Parents as Teachers Enrollment Information:

1. Number of families with children prenatal to 3 years currently served
by this program _____
2. Number of families with children 3 years to kindergarten entry to be served
by this program _____
3. Average number of families with children 3 years to kindergarten entry to be served
by each parent educator _____

B. Service Plan for children 3 years to kindergarten entry:

1. Number of months per year services to be offered _____
2. Number of personal visits to be offered to each family per year _____
3. Number of group meetings to be offered per year (attach listing, if available) _____
4. Name the screening instruments used annually for all children 3 years to kindergarten entry:
Developmental _____ Personnel Conducting Screening _____
Vision _____ Personnel Conducting Screening _____
Hearing _____ Personnel Conducting Screening _____

If other than program staff does the screening, how is the information shared with the program?

5. Briefly describe adaptations for special populations.

- a. Teen Parents _____

- b. Hard to Reach _____

- c. Other Populations _____

Administration Verification

Together, we have reviewed the most recent Prenatal to 3 Years Program Plan and the 3 Years to Kindergarten Entry Program Plan. We will administer and deliver this program in accordance with the Terms of Agreement signed by each of us, including the copyright provisions. Enclosed is a form requesting permission to copy Your Child and Your Young Child handouts and parent handouts from the Parents as Teachers *Born to Learn™ Curriculum 3 Years to Kindergarten Entry*.

Supervisor's Signature _____ Name (print) _____

Title _____ Telephone () _____

Signatures of NEW 3 Years to Kindergarten Entry Parent Educators:

