



State

# BORN TO LEARN™ UPDATED PROGRAM PLAN PRENATAL TO 3 YEARS

Program Code

Use this form to notify Parents as Teachers National Center when your *Born to Learn*™ program has changed. Use this form when:

- Your Parents as Teachers *Born to Learn*™ program information has changed (such as address, phone, fax or email)
- Initial certification is needed for new parent educators and/or supervisors that have completed the *Born to Learn*™ Institute Prenatal to 3 Years.

When you have other changes, please refer to our web site ([www.ParentsAsTeachers.org](http://www.ParentsAsTeachers.org)) for the Notification of Change of Parent Educator, Supervisor or Program Status Form.

**Please type or print clearly:**

### Program Contact Information

Name of Parents as Teachers Site: \_\_\_\_\_

Name of the Funding Agency/Organization: \_\_\_\_\_  
(e.g., school district, nonprofit agency, state agency)

Parent as Teachers Program Code: \_\_\_\_\_

Parents as Teacher Site Address: \_\_\_\_\_  
Street

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

Parents as Teachers Supervisor \_\_\_\_\_ Title \_\_\_\_\_

Parents as Teacher Phone: ( ) \_\_\_\_\_ x \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ E-mail \_\_\_\_\_

(Missouri school district only: Region \_\_\_\_\_ School District Code \_\_\_\_\_ - \_\_\_\_\_)

Please provide the following information for every NEW parent educator and/or supervisor to be certified at this time. Attach additional sheets as necessary. **Return all four pages.**

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street

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

Home Telephone ( ) \_\_\_\_\_ Office Telephone ( ) \_\_\_\_\_

Work E-mail \_\_\_\_\_ Fax ( ) \_\_\_\_\_

Institute Date (M/D/Y): \_\_\_\_\_ Institute City & State: \_\_\_\_\_

Certification Type:  Parent Educator  Program Supervisor  Dual Supervisor/Parent Educator  
 Attendance  Special Administrator  2-day Supervisor  5-day Supervisor

I am requesting a certificate. I plan to serve \_\_\_\_ families.

I have reviewed my program's plan and I understand my role.

Parent Educator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street

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

Home Telephone ( ) \_\_\_\_\_ Office Telephone ( ) \_\_\_\_\_

Work E-mail \_\_\_\_\_ Fax ( ) \_\_\_\_\_

Institute Date (M/D/Y): \_\_\_\_\_ Institute City & State: \_\_\_\_\_

Certification Type:  Parent Educator  Program Supervisor  Dual Supervisor/Parent Educator  
 Attendance  Special Administrator  2-day Supervisor  5-day Supervisor

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I am requesting a certificate. I plan to serve \_\_\_\_\_ families.

I have reviewed my program's plan and I understand my role.

Parent Educator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please provide the following information for each parent educator and/or supervisor who has left your program since you last updated your program plan. Attach additional sheets as necessary.

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

PAT ID# \_\_\_\_\_

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

PAT ID# \_\_\_\_\_

**For Parents as Teachers National Center Office Use**

- |   |  |
|---|--|
| Special settings:                           | <input type="checkbox"/> Date Plan received _____          |
| <input type="checkbox"/> EHS                | <input type="checkbox"/> Terms of Agreement attached _____ |
| <input type="checkbox"/> Head Start         | <input type="checkbox"/> Date approved _____               |
| <input type="checkbox"/> Even Start         | Initials _____   |
| <input type="checkbox"/> Child Care Center  |  |
| <input type="checkbox"/> Healthy Families   |  |
| <input type="checkbox"/> BIA/FACE           |  |
| <input type="checkbox"/> Title 1 program    |  |
| <input type="checkbox"/> Other _____        |  |
| <input type="checkbox"/> Program code _____ |  |

Directions for changing/updating a *Born to Learn*<sup>TM</sup> Program Plan    Program Code: \_\_\_\_\_

Please review the program's original or most recent Parents as Teachers *Born to Learn*<sup>TM</sup> Program Plan. If you need to use more paper to describe changes, please attach to this plan. **Provide the information requested.**

### SECTION I – Program Information

Describe current Program Information.

A. **Fiscal Agent** (who is responsible for managing the monies?):

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

B. **Funding Sources:**

Type	Title	%	Duration	Renewable (yes/no)
Federal				
State				
Local				
Private				
Other				

### SECTION II – Program Design

Describe current Program Design.

Site(s): \_\_\_\_\_

### SECTION III – Program Service Delivery

Describe current Program Service Delivery.

A. **Program Services Offered**

Briefly explain: \_\_\_\_\_

B. **Personal Visits**

Frequency of Personal Visits offered to families:  Weekly     Bi-weekly     Monthly     Other

Estimated number of families to be served per parent educator: \_\_\_\_\_ # of families

Personal visits will typically be held at:  Home     Center     Combination Home/Center

**C. Group Meetings**

# of Group Meetings \_\_\_\_\_ per year

How are Group Meetings staffed?  Parent Educators  Supervisors  
 Other Program Staff  Outside Resources

Frequency of Group Meetings: \_\_\_\_\_

Please describe: \_\_\_\_\_

**D. Screenings**

Indicate what screening instrument will be used and who will be conducting the screening.

	Developmental	Health	Hearing	Vision
What Instrument?				
Who conducted screening?				

**E. Resource Network**

To which resources in your community do you refer families?

<input type="checkbox"/> Hospitals/Clinics	<input type="checkbox"/> Mental health agencies
<input type="checkbox"/> Speech and hearing clinics	<input type="checkbox"/> Public transportation offices
<input type="checkbox"/> Diagnostic services	<input type="checkbox"/> Counseling services
<input type="checkbox"/> Programs for children with special needs	<input type="checkbox"/> Early Head Start/Head Start/Even Start
<input type="checkbox"/> Department of Social Services	<input type="checkbox"/> Child care facilities
<input type="checkbox"/> WIC Offices	<input type="checkbox"/> Libraries
<input type="checkbox"/> Housing Authority	<input type="checkbox"/> Literacy or GED programs
<input type="checkbox"/> Public utility assistance	<input type="checkbox"/> Job training programs
<input type="checkbox"/> Food pantries	<input type="checkbox"/> Legal
<input type="checkbox"/> Shelters	<input type="checkbox"/> Faith-based organizations
<input type="checkbox"/> Financial assistance	<input type="checkbox"/> Other: Please identify: _____
<input type="checkbox"/> Crisis nurseries	

**SECTION IV – Program Management**

Describe current Program Management.

**A. Recruitment**

Briefly describe: \_\_\_\_\_

**B. Public Awareness/Marketing Plan**

Briefly describe: \_\_\_\_\_