

State \_\_\_\_\_



# Born to Learn™ Curriculum

## 3 Years to Kindergarten Entry

### Initial Implementation Plan

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 \_\_\_\_\_-\_\_\_\_\_ ]

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 _____ (MO: Jeff City) _____
Name _____ SS# _____ Address _____ Phone (____) _____ 3-K Training Date _____ Location _____	<input type="checkbox"/> P.E. 3-K Certification Approval _____ Certificate _____ (MO: Jeff City) _____
Name _____ SS# _____ Address _____ Phone (____) _____ 3-K Training Date _____ Location _____	<input type="checkbox"/> P.E. 3-K Certification Approval _____ Certificate _____ (MO: Jeff City) _____
Name _____ SS# _____ Address _____ Phone (____) _____ 3-K Training Date _____ Location _____	<input type="checkbox"/> P.E. 3-K Certification Approval _____ Certificate _____ (MO: Jeff City) _____
Supervisor's Name _____ SS# _____ Address _____ Phone (____) _____ 3-K Training Date _____ Location _____	<input type="checkbox"/> Sup. 3-K Certification Approval _____ Certificate _____ (MO: Jeff City) _____

Complete both sides of this form and mail to:

**Parents as Teachers National Center, Inc.**  
**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. PAT 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 Implementation Plan and the Initial 3 Years to Kindergarten Entry 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:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Revised 9-2002**