Pre-K Partnership Interest Form for Child Care Providers

Thank you for your interest in partnering with a school district to expand pre-kindergarten opportunities for families! To help us understand what type of partnership models may be the best fit for us to partner with your center, we will need some information about your program.

Please return completed form to: Charlotte ISD, 101 E. Hindes/PO Box 489, Charlotte, TX 78011 or Mario Sotelo at msotelo@charlotteisd.org

Program Overview	
1.	Center Name:
2.	Operation ID Number Assigned by Child Care Licensing:
3.	Center Address:
4.	Are you accredited? Y / N a. If yes, what are your accreditations? (circle all that apply) ONAEYC NAC TRS if TRS, what star level? 2 3 4 Head Start Montessori (AMI or AMS) Other:
5.	Did you have any licensing deficiencies during your last visit? Y / N a. If yes, what were the deficiencies?
	What ages do you serve? (circle all that apply) Infant (0-18mo) Number Served: Toddler (18mo-3yrs) Number Served Infant (0-18mo) Number Served Preschool (3yrs -4yrs) Number Served School Aged (5+) Number Served
1.	Do you have any unused classrooms? If so, how many?

Instruction

8. How many teachers do you have at the following educational attainment levels? • High School Diploma or GED:
Associates Degree:
● Bachelor's Degree:
■ Master's Degree:
<u>●</u> PhD:
9. How many teachers do you have with the following professional certifications?◆ CDA:
Teaching Certification (for a Texas public school):
10. Does your center use a curriculum for the following grade levels? (circle answer)
<u>● Infant</u> Y / N
Toddler Y / N
Toddler Y / NPreschool Y / N
11. If yes, what curriculum do you use:
<u>●</u> _Infant:
•Toddler:
Preschool:
12. Do you use any type of assessment? Y / N (circle answer)
13. If yes, what assessment do you use?
• Infant:
• Toddler:
Preschool:
14. Does your center use any classroom observation tool?
 No Classroom Observation Tool
<u>●</u> CLASS
<u>● _</u> COT
<u>● Other:</u>