

Pre-K Partnership Interest Form for Child Care Providers

Thank you for your interest in partnering with Kerrville ISD 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 Heather Engstrom, Assistant Superintendent of Curriculum and Instruction.

Program Overview

1. Center Name:
2. Operation ID Number Assigned by Child Care Licensing:
3. Center Address:
4. Are you accredited? Y / N
 - If yes, what are your accreditations? *(circle all that apply)*
 - NAEYC
 - 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
 - If yes, what were the deficiencies?
6. 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 _____
7. 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: _____
- Some College: _____
- Associates Degree: _____
- Bachelor's Degree: _____
- Master's Degree: _____
- 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*)

- Infant Y / N
- Toddler Y / N
- Preschool Y / N

11. If yes, what curriculum do you use:

- 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
- CLASS
- COT
- Other: _____

15. What type of partnership are you proposing?

- After school care
- Full-day care for students who qualify
- Other: _____

Please add 250-400 words explaining the type of partnership you are interested in creating with KISD.