



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION (DESE)  
OFFICE OF EARLY LEARNING — PRESCHOOL PROGRAMS

**EARLY LEARNING BLENDED PROGRAM FINAL REPORT**

**INSTRUCTIONS**

To be completed by Early Learning Blended Programs that are not blending Missouri Preschool Program (MPP) funds.

Due no later than 1:00 p.m. on May 15. Email the completed form to [earlylearning@dese.mo.gov](mailto:earlylearning@dese.mo.gov).

Questions: Please contact Early Learning at 573-522-8762.

**SECTION I – SITE CONTACT INFORMATION**

LOCAL EDUCATIONAL AGENCY (LEA)	COUNTY-DISTRICT CODE
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**LEA REPRESENTATIVE**

AUTHORIZED REPRESENTATIVE	TELEPHONE NUMBER	EMAIL ADDRESS	
STREET ADDRESS	CITY	STATE MO	ZIP CODE

**INDIVIDUAL RESPONSIBLE FOR COMMUNICATING WITH DESE REGARDING PROGRAM ACTIVITIES**

CONTACT PERSON	TITLE		
STREET ADDRESS	CITY	STATE MO	ZIP CODE
TELEPHONE NUMBER	EMAIL ADDRESS		

**SECTION II – SITE BUDGET INFORMATION**

Budget information has been submitted through ePeGs. DESE reserves the right to reduce the budget based on the program plan and/or funds available.

I, the undersigned, as official representative of the lead agency, certify the lead agency to be in compliance with the assurances signed in the application(s).

SIGNATURE OF LEA AUTHORIZED REPRESENTATIVE	DATE
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**DESE COMMENTS - (FOR DESE USE ONLY)**

SIGNATURE OF AUTHORIZED DESE OFFICIAL	DATE APPROVED
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The Department of Elementary and Secondary Education does not discriminate on the basis of race, color, religion, gender, gender identity, sexual orientation, national origin, age, veteran status, mental or physical disability, or any other basis prohibited by statute in its programs and activities. Inquiries related to department programs and to the location of services, activities, and facilities that are accessible by persons with disabilities may be directed to the Jefferson State Office Building, Director of Civil Rights Compliance and MOA Coordinator (Title VI/Title VII/Title IX/504/ADA/ADAAA/Age Act/GINA/USDA Title VI), 5th Floor, 205 Jefferson Street, P.O. Box 480, Jefferson City, MO 65102-0480; telephone number 573-526-4757 or TTY 800-735-2966; email [civilrights@dese.mo.gov](mailto:civilrights@dese.mo.gov).

### SECTION III – SITE INFORMATION

PROGRAM NAME _____			
STREET ADDRESS _____		CITY _____	STATE MO
CHILD CARE LICENSE (IF APPLICABLE) CHILD CARE LICENSE NUMBER _____ (9 DIGIT NUMBER)		ACCREDITING SOURCE (IF APPLICABLE) <input type="checkbox"/> MISSOURI ACCREDITATION <input type="checkbox"/> NATIONAL ASSOCIATION FOR THE EDUCATION OF YOUNG CHILDREN	
LICENSED CAPACITY _____		ACCREDITING STATUS <input type="checkbox"/> INITIAL ACCREDITATION <input type="checkbox"/> ACCREDITED THROUGH ____/____/____	
EFFECTIVE THROUGH ____/____/____			

### SITE DATA (INCLUDE ONLY THOSE CHILDREN SERVED THROUGH EARLY LEARNING BLENDED FUNDS.)

TOTAL NUMBER OF <b>BLENDED SLOTS</b> (HALF DAY PROGRAMS SERVING 20 A.M./20 P.M. WILL REPORT 20 SLOTS)	_____ FULL DAY OR _____ HALF DAY
LENGTH OF PROGRAM YEAR	<input type="checkbox"/> 12 MONTHS OR <input type="checkbox"/> SCHOOL YEAR
CURRICULUM MODEL	<input type="checkbox"/> CREATIVE CURRICULUM <input type="checkbox"/> EMERGING LANGUAGE & LITERACY CURRICULUM <input type="checkbox"/> HIGH/SCOPE® <input type="checkbox"/> PROJECT CONSTRUCT
EXTENDED DAY SERVICES OFFERED	<input type="checkbox"/> YES OR <input type="checkbox"/> NO
TRANSPORTATION OFFERED	<input type="checkbox"/> YES OR <input type="checkbox"/> NO
SCHOLARSHIP SYSTEM FOR PRESCHOOL SERVICES WAS IMPLEMENTED	<input type="checkbox"/> YES OR <input type="checkbox"/> NO

### SECTION IV – CLASSROOM INFORMATION (INCLUDE ALL CHILDREN ENROLLED FROM THE START OF THE PROGRAM YEAR THROUGH JUNE 30.)

	NUMBER OF CHILDREN SERVED
<b>TOTAL NUMBER OF CHILDREN</b>	
EARLY CHILDHOOD SPECIAL EDUCATION	
TITLE I	
ALL OTHER	

  

<b>LEAD TEACHER NAME</b>	
QUALIFICATIONS	<input type="checkbox"/> EARLY CHILDHOOD <input type="checkbox"/> EARLY CHILDHOOD SPECIAL EDUCATION
COMPLETED TRAINING IN THE SELECTED CURRICULUM MODEL	<input type="checkbox"/> YES OR <input type="checkbox"/> NO
COMPLETED DESIRED RESULTS DEVELOPMENTAL PROFILE TRAINING	<input type="checkbox"/> YES OR <input type="checkbox"/> NO
<b>ASSISTANT TEACHER NAME</b>	
QUALIFICATIONS	<input type="checkbox"/> 60 HRS <input type="checkbox"/> PASSED STATE ASSESSMENT FOR PARAPROFESSIONALS
COMPLETED TRAINING IN THE SELECTED CURRICULUM MODEL	<input type="checkbox"/> YES OR <input type="checkbox"/> NO
COMPLETED DESIRED RESULTS DEVELOPMENTAL PROFILE TRAINING	<input type="checkbox"/> YES OR <input type="checkbox"/> NO

**SECTION IV – CLASSROOM INFORMATION (CONTINUED)**

(REPORT ADDITIONAL CLASSROOMS AS NEEDED)

		NUMBER OF CHILDREN SERVED
<b>TOTAL NUMBER OF CHILDREN</b>		
EARLY CHILDHOOD SPECIAL EDUCATION		
TITLE I		
ALL OTHER		
<b>LEAD TEACHER NAME</b>		
QUALIFICATIONS	<input type="checkbox"/> EARLY CHILDHOOD <input type="checkbox"/> EARLY CHILDHOOD SPECIAL EDUCATION	
COMPLETED TRAINING IN THE SELECTED CURRICULUM MODEL	<input type="checkbox"/> YES    OR <input type="checkbox"/> NO	
COMPLETED DESIRED RESULTS DEVELOPMENTAL PROFILE TRAINING	<input type="checkbox"/> YES    OR <input type="checkbox"/> NO	
<b>ASSISTANT TEACHER NAME</b>		
QUALIFICATIONS	<input type="checkbox"/> 60 HRS <input type="checkbox"/> PASSED STATE ASSESSMENT FOR PARAPROFESSIONALS	
COMPLETED TRAINING IN THE SELECTED CURRICULUM MODEL	<input type="checkbox"/> YES    OR <input type="checkbox"/> NO	
COMPLETED DESIRED RESULTS DEVELOPMENTAL PROFILE TRAINING	<input type="checkbox"/> YES    OR <input type="checkbox"/> NO	

		NUMBER OF CHILDREN SERVED
<b>TOTAL NUMBER OF CHILDREN</b>		
EARLY CHILDHOOD SPECIAL EDUCATION		
TITLE I		
ALL OTHER		
<b>LEAD TEACHER NAME</b>		
QUALIFICATIONS	<input type="checkbox"/> EARLY CHILDHOOD <input type="checkbox"/> EARLY CHILDHOOD SPECIAL EDUCATION	
COMPLETED TRAINING IN THE SELECTED CURRICULUM MODEL	<input type="checkbox"/> YES    OR <input type="checkbox"/> NO	
COMPLETED DESIRED RESULTS DEVELOPMENTAL PROFILE TRAINING	<input type="checkbox"/> YES    OR <input type="checkbox"/> NO	
<b>ASSISTANT TEACHER NAME</b>		
QUALIFICATIONS	<input type="checkbox"/> 60 HRS <input type="checkbox"/> PASSED STATE ASSESSMENT FOR PARAPROFESSIONALS	
COMPLETED TRAINING IN THE SELECTED CURRICULUM MODEL	<input type="checkbox"/> YES    OR <input type="checkbox"/> NO	
COMPLETED DESIRED RESULTS DEVELOPMENTAL PROFILE TRAINING	<input type="checkbox"/> YES    OR <input type="checkbox"/> NO	

**SECTION V – PARENT EDUCATION/INVOLVEMENT****PARENT EDUCATION AND INVOLVEMENT**

NUMBER OF FAMILIES WHO RECEIVED AT LEAST ONE PARENTS AS TEACHERS (PAT) FAMILY PERSONAL VISIT	
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NUMBER OF FAMILIES ATTENDING AT LEAST ONE PAT GROUP CONNECTION	
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NUMBER OF CHILDREN WHO HAD A HEALTH, NUTRITION AND DEVELOPMENTAL SCREENING	
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**ADDITIONAL CLASSROOM PARENT EDUCATION AND INVOLVEMENT ACTIVITIES**

FAMILIES WERE OFFERED PARENT/TEACHER CONFERENCES	<input type="checkbox"/> YES OR <input type="checkbox"/> NO
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NUMBER OF FAMILIES THAT PARTICIPATED IN AT LEAST ONE PARENT/TEACHER CONFERENCE	
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FAMILIES WERE OFFERED HOME VISITS BY THE CLASSROOM TEACHER	<input type="checkbox"/> YES OR <input type="checkbox"/> NO
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NUMBER OF FAMILIES WHO RECEIVED AT LEAST ONE HOME VISIT BY THE CLASSROOM TEACHER	
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**SECTION VI - PROGRAM EVALUATION & PLANNING**

THE PROGRAM EVALUATED SERVICES USING THE FOLLOWING:

PARENT QUESTIONNAIRE

OTHER: \_\_\_\_\_

AS A RESULT OF THE PROGRAM EVALUATION(S) ABOVE, THE FOLLOWING CHANGES ARE NEEDED:

**SECTION VII – ADDITIONAL INFORMATION**

DOES A POLICY EXIST THAT ALLOWS FOR THE EXPULSION OF A CHILD?	<input type="checkbox"/> YES OR <input type="checkbox"/> NO
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<b>IF YES, NUMBER OF CHILDREN EXPELLED FOR: BEHAVIORAL ISSUES</b>	
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NUMBER OF CHILDREN EXPELLED FOR PAYMENT ISSUES	
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NUMBER OF CHILDREN EXPELLED FOR OTHER ISSUES (EXPLAIN)	
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EXPLANATION OF OTHER:	
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BRIEFLY DESCRIBE TWO OR THREE SUCCESSES THAT OCCURRED WITHIN THE PROGRAM AS A DIRECT RESULT OF THE EARLY LEARNING BLENDED PROGRAM. (ATTACH ADDITIONAL PAGES AS NEEDED.)