**Assurances for the Implementation of the**

 **Brigance Early Childhood Screen III 0-35 months and 3-5 years**

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| --- | --- |
| **Pre-K Program Administrator’s Name**  |  |
| **Email Address and Phone Number** |  |
| **School District Name** |  |
| **School District Number (not phone)** |  |
| **School/District Mailing Address (not physical address)** |  |
| **Superintendent’s Name**  |  |
| **Superintendent’s Email and Phone Number** |  |
| **Is your District part of a Collaborative/ Blended Pre-Kindergarten? If yes, please state which one.** |  |
| **Names of Elementary Schools with Pre-kindergarten/Number of Pre-kindergarten Classrooms at each school/Total number of Pre-kindergarten Children at each school** | **Name of** **School(s)** | **Number of Pre-K****Classrooms**  | **Number of Pre-K Children**  |
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|  |  |  |
| **Does your District have Brigance Screen III Kit(s)? Answer yes or no. If yes, how many?** |  |
| **Does your District have access to the Brigance Online Management System (BOMS)? Answer yes or no.** |  |

Please initial on the line of the following item that you, the program coordinator for pre-kindergarten, understand and acknowledge the information viewed and explained in the Brigance Screen III Webinar and will conduct all screens with fidelity.

\_\_\_\_ I have participated and/or viewed the Brigance Early Childhood Screen III: 3-5 years Webinar and understand how to:

* prepare to screen children
* administer the screens
* complete the data sheets/analyze screens
* use the Brigance Online Management System (BOMS)

By signing this statement, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (print pre-k program administrator name) hereby certifies and assures that the school district attesting to these assurances shall comply with all directions and guidelines outlined in the Brigance Early Childhood Screen III to fulfill the requirements for the state Comprehensive Early Learning Observational Assessment.

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Pre-K Program Administrator Signature Date