NDE PYRAMID IMPLEMENTATION ACADEMY APPLICATION

June 4-6, 2013

Kearney Holiday Inn

Name of School District/Head Start:	
Address:	
Primary Team Contact (s):	
Phone:	Fax:
Email:	Type of Program:
Number of children with specialized service plans (e.g. IEP, behavior support/mental health):	Approximate number of preschool children (age 3 to 5) served each year:

In the spaces below, list up to 8 applicant team members who will be attending the NDE Implementation Academy, their role in the program, and their role on the team. Each team member must commit to attend the entire Academy and participate in the team's implementation plan.

Team Member	Email	Current Position	Team Role

Describe what you are currently doing to support children's social and emotional development in your preschool program.
Describe why your team is well-positioned to implement the Pyramid Model in your program.
What do you see as the strengths of your team?
How will the program-wide adoption of the Pyramid Model link to other initiatives in your program or community?