**Syracuse City School District – New York State Funded Pre-Kindergarten Programs**

**For the**

**2021-2022 School Year**

**New York State Program Application Packet**

***Universal Pre-Kindergarten in High Need School Districts (UPK)***

**Agency/Organization Name:**

**Physical location/address of proposed classroom(s)\*:**

***\*please attach a separate page for each additional physical location***

|  |  |
| --- | --- |
| Number of proposed **full day 3 Year Old UPK** seats at this location |  |
| Number of proposed **half day 3 Year Old UPK** seats at this location |  |
| Number of proposed **full day 4 Year Old UPK** seats at this location |  |
| Number of proposed **half day 4 Year Old UPK** seats at this location |  |
| Hours of full day program operation |  |
| Hours of half day program operation |  |
| Number of NYS certified teachers for this location |  |
| Number of teaching assistant/aides for this location |  |

|  |  |
| --- | --- |
| **What is the average classroom square footage per child at this location?** |  |

|  |  |
| --- | --- |
| Is there an **indoor** gross motor space available at this location? | ☐***Yes*** ☐***No*** |
| * If ***yes***, please describe space and available equipment: | |
|  | |
| * If ***no***, please describe plans to meet programmatic gross motor requirements: | |
|  | |
| Is there an **outdoor** gross motor space available at this location? | ☐***Yes*** ☐***No*** |
| * If ***yes***, please describe space and available equipment: | |
|  | |
| * If ***no***, please describe plans to meet programmatic gross motor requirements: | |
|  | |

|  |
| --- |
| Please describe a typical instructional day in your proposed classroom(s) under this program ***(a sample schedule may be attached)****:* |
|  |

|  |
| --- |
| Please describe plans to implement SCSD/NYSED curricular requirements under this program (include literacy, math, social emotional, gross motor, on-going student assessment, etc.): |
|  |

|  |
| --- |
| Please describe your agency’s plan to provide classroom staff with release time to attend SCSD provided professional development sessions: |
|  |

|  |
| --- |
| Please describe your agency’s plan to provide classroom teachers with time to meet/plan with SCSD Early Childhood Instructional Coaching staff on a regular basis: |
|  |

|  |
| --- |
| Please describe your agency’s plan for providing instructional supervision of classrooms by an on-site, NYS certified professional ***(attach credentials of certified on-site supervisor)***: |
|  |

|  |
| --- |
| Please describe your agency’s plan for ensuring that children are in attendance for the full duration of program hours daily: |
|  |

|  |
| --- |
| Please describe your agency’s plan for entering/reporting student attendance in the SCSD *schooltool* platform on a daily basis: |
|  |

|  |
| --- |
| Please describe your agency’s experience with preschoolers with disabilities: |
|  |

|  |
| --- |
| Please describe your agency’s experience with preschoolers who are multi-language learners: |
|  |

|  |
| --- |
| Please describe services/supports your agency provides to families ***(attach supporting documentation)****:* |
|  |

|  |
| --- |
| Please describe your agency’s plan for parent engagement **(*attach supporting documentation*)**: |
|  |

|  |
| --- |
| Please describe how your agency will benefit from the proposed collaboration with the Syracuse City School District: |
|  |

**Program Director Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Chief Executive Officer Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**