



## Curriculum Declaration Form

**ALL funded providers are required to submit this form to the coalition. Please photocopy or download this form from our website [www.seminoleearlylearning.org](http://www.seminoleearlylearning.org). Noncompliance to this policy could result in your program no longer qualifying for school readiness funding.**

Center Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State: \_\_\_\_\_

Owner: \_\_\_\_\_ Director: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**Please check the option you choose to comply with the curriculum requirement.**

- \_\_\_\_ 1. I will implement curriculum from the Coalition's approved list. I will ensure all lead/main teachers have received a minimum of six (6) hours of training in selected curriculum.
- \_\_\_\_ 2. I will provide evidence that we are currently using a curriculum that is developmentally appropriate and researched based, but may not be on the Coalition's approved curriculum list. I will ensure all lead/main teachers have received a minimum of six (6) hours of training in selected curriculum
- \_\_\_\_ 3. I use a DAP curriculum not on the approved list or researched based and request to undergo the Curriculum Review Process (CRP).

**Curriculum Choice:**

Infants: \_\_\_\_\_ Toddlers: \_\_\_\_\_

Twos: \_\_\_\_\_ Threes: \_\_\_\_\_

Four/Fives: \_\_\_\_\_

Have all lead teachers received training on your curriculum?

\_\_\_\_ Yes (Evidence of training must be available during Curriculum Implementation Review.)

\_\_\_\_ No (If no, date of anticipating training completion? \_\_\_\_\_.)

**Character Development Curriculum Choice:** \_\_\_\_\_

Have all lead teachers received training on your curriculum?

\_\_\_\_ Yes (Evidence of training must be available during Curriculum Implementation Review.)

\_\_\_\_ No (If no, date of anticipating training completion? \_\_\_\_\_.)

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**Please fax this form to the Early Learning Coalition of Seminole at 407-871-1100**