

## APPLICATION FOR RECOGNITION OF BEST PRACTICE tiny-k Programs – IDEA Part C Services

Date Submitted: \_\_\_\_\_

Name of Program: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_

Name of Agency: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Agency FEIN# \_\_\_\_\_

Proposal Contact Person: \_\_\_\_\_

Contact Person Telephone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Potential use of the money: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Program Representative: \_\_\_\_\_

Signature of Program Representative: \_\_\_\_\_

Name of Local Newspaper: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Circle (only one) the Best Practice Component you are addressing:

- |   |   |
|---|---|
| A. Child Find/Screening/Identification                  | F. Implementation of the Coaching Model and/or Other Evidence Based Practices |
| B. Linking Assessment, Curriculum and Instruction       | G. Service in Natural Environments  |
| C. Improving Child and Family Outcomes                  | H. Application of Technology  |
| D. Transition from Hospital to Home or Part C to Part B | I. Program Evaluation/Improvement   |
| E. Program/Community Collaboration                      | J. Other _____  |
- \_\_\_\_\_