



Public Prekindergarten Request for Program Assessment

Instructions: To request an assessment, email this completed form to your Program Coordinator. The MSDE Quality Assessments Coordinator will contact you to schedule your assessment(s).

Today's Date: _____

School Name: _____

School ID # (e.g., ##-####): _____

Address: _____

(Street number/street name/city/zip code)

County: _____

Name of Person Completing Form: _____

Email Address of Person Completing Form: _____

Daytime Phone Number: _____

List Accrediting Organization and Expiration Date (if applicable): _____

Has your program had a CLASS[®] observation conducted by a currently Certified CLASS[®] Observer within the past 12 months?

(Select one): Yes No

List any date(s) that the program is unable to have an assessment site visit for the next 60 days.

(e.g., holiday, field trip, or professional development days)

Date(s) Program is Unavailable

