



Application for Miller Early Childhood Initiative Workshops

Program Name: _____ Contact Name: _____

Phone Number: _____ E-mail: _____

Address: _____

Number of children ages 3-5 years: _____

Number of staff for children ages 3-5 years: _____

Please describe your availability for a workshop:

- ☐ Weekdays ☐ Weekends
☐ January-March ☐ April-June ☐ July-September ☐ October-December

Why are you interested in bringing a Miller Workshop to your program?

Please use this scale to indicate how much you agree or disagree with the statements below:

- | Disagree | | Not sure | | Agree |
|--|----------|-----------------|----------|--------------|
| 1 | 2 | 3 | 4 | 5 |
| a. My program curriculum and environment reflect the various experiences and perspectives of the cultural groups represented in the classroom. ____ (1-5) | | | | |
| b. My staff is comfortable responding to issues of differences among children. ____ (1-5) | | | | |
| c. My staff is comfortable responding to issues of bias and prejudice from the parents. ____ (1-5) | | | | |
| d. We provide professional development opportunities for all staff to learn about the history of the different cultures, particularly those that comprise the program's population. ____ (1-5) | | | | |

How would you describe the level of parent involvement at your program?

Very Involved Somewhat involved Not involved

Is there anything else you would like us to know about your program?

Applications can be mailed to the ADL office at 7851 Mission Center Court, Suite 320 San Diego, CA 92108 or faxed to 619-293-7010. Please allow 1-2 weeks to process this application.