DHR (Challenging Behaviors) ASSIST Support Application

Alabama Department of Early Childhood Education

Project Specifications

Site Name*

Please enter the name of your facility.

Character Limit: 100

Street Address*

Please enter street address of childcare facility.

Character Limit: 25

City*

Please enter city of your facility.

Character Limit: 25

Zip Code*

Please enter the zip code of your facility.

Character Limit: 11

County*

Please enter the county of your facility.

Character Limit: 25

Date of DHR License*

Please indicate the date your license was issued.

Character Limit: 10

Date of DHR License Expiration*

Please indicate the date your current license expires.

Character Limit: 10

Facility Specifications

Director's Name*

Please enter the Director's name at your facility.

Character Limit: 50

Director's Email*

Please enter the email address of your facility's Director.

Character Limit: 50

Phone Number*

Please enter your facility's phone number.

Character Limit: 15

Are you affliated with any of the following:*

Choices

Church
College or University
Private Childcare
Foundation
Other

Do you currently receive funding from the following?*

Are you currently going through QRIS*

QRIS (Quality Rating and Improvement System)

Choices

Yes
No

Have you ever applied for QRIS?*

QRIS (Quality Rating and Improvement System)

Choices

Yes
No

Classroom Specifications

Classroom Name*

Please enter the name of the classroom requesting support.

Character Limit: 50

Classroom Ages Served*

Please indicate the age of the children served in the classroom listed above.

Character Limit: 25

Class Size*

Please indicate the number of children in the classroom.

Character Limit: 25

Curriculum used, if any.*

Please indicate the curriculum used in the classroom, if any.

Character Limit: 50

How many teachers are in this classroom?*

Character Limit: 10

Teacher Name

Please enter primary teacher's name for this classroom.

Character Limit: 50

Teacher Email Address

Please enter primary teacher's email address.

Character Limit: 25

Teacher Phone Number

Please enter primary teacher's phone number.

Character Limit: 25

Secondary Teacher Name

Please enter secondary teacher's name, if applicable.

Character Limit: 50

Secondary Teacher Email Address

Please enter secondary teacher's email address, if applicable.

Character Limit: 50

Secondary Teacher Phone Number

Please enter the secondary teacher's phone number, if applicable.

Character Limit: 25

Additional Information

Please provide any other helpful information that you would like for us to know about this classroom.

Character Limit: 1000