

PATHS® Program Gold Star School Application

School Name:		
Grades Using PATHS® Program:		
Number of Classrooms:		
Administrator's Name:		
Address:	Email:	Phone:

Please answer the following questions about your school. Please attach additional documents as needed.

Criteria	True	False	Evidence	Example
My school has been using the PATHS program for at least one year?				
We have implemented the PATHS program school-wide?				
Our teachers are delivering explicit PATHS program lessons at least 2-3 times per week/30 mins each session.				
At least 90% of our educators have been formally trained on using the PATHS program and we offer ongoing SEL professional development opportunities.				

Criteria	True	False	Evidence	Example
We assess the social and emotional learning of our students on a regularly basis (2-3 times per year) and routinely monitors the progress of our students' SEL growth.				
We involve and educate parents on SEL by distributing PATHS program resources.				
We engage with the community on projects related to SEL.				
We do the PATHS Kid for Today routine in each classroom EVERY DAY.				
Each classroom has PATHS program classroom kit materials (including posters, books, etc.) accessible and available for students to view and refer to as needed.				
We routinely evaluate the progress of our teachers by having completing the PATHS Program classroom evaluation for each teacher using the program at least twice per year.				

Certification and Permission

I certify that the information provided above is accurate and give permission to PATHS Program LLC and its designees to use the testimonial statement below prepared by me, along with my name, organization, organization city and state, and any images that accompany the testimonial for the purposes of PATHS Program LLC's advertising, marketing, and trade in any media now known or as may be hereafter developed.

Name (please print)

Signature

Date