

2026 Evidence-Based Data Exchange
Application to Participate
Fall 2026
TK/K Teachers

PERSONAL INFORMATION – To be completed by applicant. Please print or type.			
LAST NAME	FIRST NAME	MIDDLE NAME	
HOME ADDRESS	APT #	CITY & ZIP CODE	
HOME PHONE	WORK PHONE		CELL PHONE
EMAIL			
What is your role? ☐ TK Teacher ☐ Kindergarten Teacher ☐ Instructional Assistant ☐ Student Teacher	Site Name		Classroom Name or #

I verify that the above information is correct and that I will work with the MCOE staff to coordinate data exchange meetings with the Preschool Teachers and families. I understand that awards will be provided after MCOE staff has verified the data exchange meetings have been completed and required paperwork has been submitted.

Applicant's Name (printed)

Applicant's Signature

Date

If you have any questions, please contact Isobel Shaw (ishaw@marinschools.org). Please return this application packet to MCOE ECE Department at dataexchange@marinschools.org **by September 30, 2026.**

**2026 Evidence-Based Data Exchange
Incentive Award Eligibility Form**
Fall 2026
TK/K Teachers

Primary Criteria for Participation: Mark all that apply.

- ☐ I am employed as a TK/K Teacher, or a TK/K Instructional Assistant or Student Teacher in Marin County
- ☐ My program participates in Marin Quality Counts
- ☐ My program does not participate in Marin Quality Counts

Please continue by checking each of the following boxes certifying that you meet and understand all of the eligibility requirements of the Marin Data Exchange.

- ☐ I understand that I must submit the following items:
 - The Data Exchange Application to Participate
 - The Data Exchange Incentive Award Eligibility Form
- ☐ I understand that I can receive one of the following incentives based on my complete participation, as outlined in the Invitation to Participate letter:
 - Fall Data Exchange Meetings:
 - TK/K Teacher: Classroom gift valued between \$200-\$300
 - Instructional Assistants/Student Teachers: Set of Children's Books
- ☐ I understand that I must be employed as the TK/K Teacher, Instructional Assistant, or Student Teacher at the time I receive my incentive.
- ☐ I understand that incentives may be denied, withdrawn, or withheld in the future if any information reported is found to be intentionally misleading or inaccurate.
- ☐ I authorize the Marin County Office of Education, ECE Department to use the included information for the purpose of determining my eligibility for the program and reporting.
- ☐ I state that all of the submitted information is correct and understand that if I do not satisfy all of the requirements for any reason, I will not be eligible for the incentive.

Applicant's Name (printed)

Applicant's Signature

Date