

Application Questionnaire

We would like to know who you are and what you are bringing to the program and how we can support you. We hope this questionnaire will help clarify your goals and expectations. Thank you for completing the questionnaire.

1. What is your interest in teaching babies, waddlers and toddlers?
2. What is the extent of your knowledge about brain development and bonding?
3. What would you describe as your greatest strength as a teacher?
4. What are your expectations for being a Licensee?
5. How do you plan to use the License?
6. Is your goal to operate your own business or to teach for someone else?
7. What is your experience with owning your own business?
8. Are you willing to invest two years to build your business into a profitable model?

