

**PROGRAM REQUEST FORM**  
**Mothers and Babies Perinatal Network (Fax # 607-772-0468)**  
**(PLEASE SUBMIT 1 FORM PER TEACHER / AGENCY)**

**School / Agency Name:**

**School / Agency County:**

**Teacher / Staff Name:**

**Room # / Program Location:**

**Contact No. & E-Mail:**

- Draw the Line – Youth grades 6, 7, 8
- Making Proud Choices\* – high-risk youth grades 6, 7, 8
- Be Proud, Be Responsible\* – high-risk youth grades 9, 10, 11, 12
- Life Skills – 13 modules available. Please choose your category of interest, and we will discuss available programs within category.
- |   |  |
|---|--|
| <input type="checkbox"/> Healthy Relationships          | <input type="checkbox"/> Financial Literacy  |
| <input type="checkbox"/> Educational and Career Success | <input type="checkbox"/> Healthy Life Skills |
- Modified Program – Topic specific, no curriculum. Categories include:
- |   |  |
|---|--|
| <input type="checkbox"/> Sexually Transmitted Diseases    | <input type="checkbox"/> Birth Control Options |
| <input type="checkbox"/> Bullying, Hygiene, Puberty, etc. | <input type="checkbox"/> Other: _____          |

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\* MPC and BPBR require Life Skills to be scheduled in addition as a packaged program \*

**Classroom Information**

PERIOD(s)	1	2	3	4	5	6	7	8	9
TIME(s)									
DATE(s)									
GRADE									

**Agency Information**

TIME(s)	
DATE(s)	
GRADE	

Please list any additional information below regarding group dynamics, etc:

**Office Use Only**

\_\_\_\_\_ Class List  
 \_\_\_\_\_ Date of request form

\_\_\_\_\_ Youth Educator's Initials  
 \_\_\_\_\_ Date of response