

# Peer Review Assessment Fee Grant

This application is a request for up to \$500 toward the cost of the Peer Review Assessment Fee for the Vermont Agency of Education early childhood licensure for either an Early Childhood (0-36) or Early Childhood Special Education (5-36) endorsement. This fee pays for the cost of portfolio review and interview to determine recommendation for licensure. These grants are only awarded to staff of programs that are in good regulatory standing.\*

## Eligibility

- Be employed for at least 3 months by a CDD regulated child care/early childhood program.
- Demonstrate a commitment to work in a Vermont regulated child care program for at least one year in Vermont after licensure is achieved.
- Demonstrate financial need.
- Provide evidence of substantial completion of the portfolio.

<b>For Reviewers Only</b>	
Date Received: _____	Invoice #: _____
Reviewed/Approved: _____	Date: _____
Payment Entered: _____	Date: _____
License Check: _____	
Application #: _____	Agreement #: _____
<b>Program Manager Approval/Denial</b>	
Approval: \$ _____	Denied _____
Signature: _____	Date: _____

## The following are not eligible for this grant:

- Employees of public schools who are paid on a teacher salary schedule.
- Recipients of the VT T.E.A.C.H. Early Childhood Peer Review Assessment Scholarship.

### For questions about the grant, contact:

Brenda Schramm  
Phone: 802-379-7267  
Email: [brenda.schramm@vaeyc.org](mailto:brenda.schramm@vaeyc.org)

Name (Print): \_\_\_\_\_

Birth Date: \_\_\_\_\_ Social Security #(optional): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone (Home): \_\_\_\_\_ (Work): \_\_\_\_\_

Email: \_\_\_\_\_

Employer: \_\_\_\_\_

License/Registration #: \_\_\_\_\_ BFIS#: \_\_\_\_\_

### I am:

A registered Family Child Care Home provider

A licensed center or home staff member

Amount Requested: \$ \_\_\_\_\_



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I am applying for the following endorsement through the Vermont Agency of Education:

- Early Childhood (0-36)
- Early Childhood Special Education (5-36)

Please check the Peer Review requirements you have completed:

- Applied to Agency of Education for Peer Review.  
My letter states that I must submit my portfolio by this date: \_\_\_\_\_
- Passed the Praxis 1 exam. I took the Praxis on this date: \_\_\_\_\_
- Portfolio is:  complete OR  will be completed by this date: \_\_\_\_\_
- Attended at least 80% of the advisory group meetings as verified by my coordinator (if applicable).
- Student teaching and practicum equivalency requirements completed.
- Attended a Peer Review Clinic held by the Agency of Education's Peer Review Consultant on this date: \_\_\_\_\_

If any of the above boxes are unchecked, explain why here: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

1) Enclose/attach the following:

- An essay explaining your financial need for this grant.
- A copy of your Individual Professional Development Plan (IPDP). The IPDP must be current and have a self-assessment, goals, strategies/resources, and a timeline. A form is available on <http://northernlightscdc.org>.
  - Check here if you have an up-to-date professional development plan in Bright Futures Information System (BFIS). If so you do not need to send it with the application. Go to <http://northernlightscdc.org> for more information about entering your information into BFIS.
- A statement of commitment to continue working in a Vermont regulated child care/early childhood program for a minimum of one year following completion of Peer Review.
- A letter of recommendation from your regional advisory group coordinator, program director, supervisor, instructor or mentor. The letter must state your readiness for Peer Review, and how you demonstrated commitment to the process of documenting your competence as an educator, and your overall commitment to staying in the field.
- If your portfolio is not yet completed, include a statement of your plan to complete it by your anticipated submission date you listed above.

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## Certification

### ***Please sign the certification below:***

**I certify that the information contained in this application is true and correct; I also certify that the following statements are true:**

1. My program will comply with applicable eligibility criteria of the Child Care Development Fund including not discriminating or barring participation on the basis of race, religion, sex, color, handicap or national origin.
2. I have worked directly with children at a CDD regulated child care facility for the past six months.
3. I plan to work in a Vermont regulated child care or afterschool care setting serving Vermont children for at least one year after receiving any grant funds from the CDD.
4. I am not a public-school employee who is paid on a teacher salary schedule for my work in the regulated care setting.
5. I am not a T.E.A.C.H. Early Childhood Peer Review Assessment Scholarship recipient.
6. The program I work in is in good regulatory standing with the Child Development Division, which means that I also certify that within the past twelve months all regulatory violations are corrected, no "Parental Notification Letters" have been mailed and the program does not have a pattern of repeated regulatory violations with the CDD or I have attached a letter explaining why my program is not in good regulatory standing.
7. I do not owe any funds to the State of Vermont and am in good standing with the Vermont Department of Taxes.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Be sure to sign the certification above. Keep a copy of your completed application for yourself, and mail the original to:*

**Brenda Schramm**  
**Vermont Association for the Education of Young Children (VTAEYC)**  
**145 Pine Haven Shores Road, Suite 1161**  
**Shelburne, VT 05482**

*\* Good regulatory standing means any regulatory violations have been corrected, no "Parental Notification Letters" have been mailed and the program does not have a pattern of repeated regulatory violations with the CDD.*