

# 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 Department of Education early childhood licensure. 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 program. OR Work with children in regulated child care programs as an early interventionist.
- Demonstrate a commitment to work in the field for at least one year in Vermont after licensure is achieved.
- Demonstrate financial need.
- Evidence of substantial completion of the portfolio.
- Recommendation from VECCEL Regional Advisory Group Coordinator (if applicable)

### For State Use Only

Date Received: \_\_\_\_\_ Invoice #: \_\_\_\_\_  
Reviewed/approved: \_\_\_\_\_ Date: \_\_\_\_\_  
Payment entered: \_\_\_\_\_ Date: \_\_\_\_\_  
License check: \_\_\_\_\_  
Application #: \_\_\_\_\_ Agreement #: \_\_\_\_\_  
**Program Manger Approval/Denial**  
 Approved: \$ \_\_\_\_\_  Denied  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Contact Person

Heather Mattison  
802-241-4551 or 800-649-2642 ext. 4551  
heather.mattison@ahs.state.vt.us

## Application Deadline:

By the first of any month

*Employees of public schools who are paid on the teacher salary schedule for work in the regulated care setting are not eligible for this type of grant.*

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

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

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

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

Email \_\_\_\_\_

Employer \_\_\_\_\_

License/Registration # \_\_\_\_\_

## I am:

- A registered home provider
- A licensed center staff
- A early interventionist

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



# Peer Review Assessment Fee Grant

## 1) Are you working with a VECEL Regional Advisory Group?

Yes     No    Which group?  Northwest     Northeast     Southwest     Southeast

Name of your Regional Advisory Group Coordinator (if applicable) \_\_\_\_\_

## 2) Please check the Peer Review requirements you have completed:

Applied to Department 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: \_\_\_\_\_

Compiled my portfolio.

My portfolio will be completed on this date: \_\_\_\_\_

Attended at least 80% of the advisory group meetings as verified by my coordinator (if applicable).

Student teaching and practicum equivalency requirements.

Attended a Peer Review Clinic held by the Department of Education's Peer Review Consultant on this date: \_\_\_\_\_

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

I anticipate submitting my portfolio on the following date: \_\_\_\_\_

## 3) 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 remaining in the early care and education field 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.

# Peer Review Assessment Fee Grant

Please sign one of the certifications below:

## Certification

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 regulated child care or afterschool care setting serving Vermont children for at least 1 year after receiving any grant funds from the CDD.
4. I am a Vermont resident.
5. I am not a public school employee who is paid on the teacher salary schedule for my work in the regulated care setting.
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 letter/s" have been mailed and the program does not have a pattern of repeated regulatory violations with the CDD.

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

*Make 3 copies of your complete application\*. Keep one for yourself, and send two copies to the CDD. Be sure to sign the appropriate certification for your application!*

### Child Development Division

ATTN: Linda Clark

103 South Main Street – 2 North

Waterbury, Vermont 05671-2901

Phone: 802-241-1215 or 800-649-2642 ext. 1215;

email: [linda.clark@ahs.state.vt.us](mailto:linda.clark@ahs.state.vt.us)

# Peer Review Assessment Fee Grant

OR

## Alternative Certification

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 regulated child care or afterschool care setting serving Vermont children for at least 1 year after receiving any grant funds from the CDD.
4. I am a Vermont resident.
5. I am not a public school employee who is paid on the teacher salary schedule for my work in the regulated care setting.
6. My program does not currently meet the criteria for good regulatory standing due to the following:

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7. I am requesting a waiver from the grant requirement of good regulatory status for the following reason(s):

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

*Make 3 copies of your complete application\*. Keep one for yourself, and send two copies to the address below. Be sure to sign the appropriate certification for your application!*

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