

# 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 early learning and development program.
- Demonstrate a commitment to work in regulated early learning and development settings for at least one year in Vermont after licensure is achieved.
- Demonstrate financial need.
- Provide evidence of substantial completion of the portfolio.

### For State Use Only

Date Received: \_\_\_\_\_ Invoice #: \_\_\_\_\_  
Reviewed/approved: \_\_\_\_\_ Date: \_\_\_\_\_  
Payment entered: \_\_\_\_\_ Date: \_\_\_\_\_  
License check: \_\_\_\_\_  
Application #: \_\_\_\_\_ Agreement #: \_\_\_\_\_

### Program Manager Approval/Denial

Approved: \$ \_\_\_\_\_  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.

## Contact person for questions:

Lynne Robbins  
802-241-0823 or 1-800-649-2642  
Lynne.Robbins@vermont.gov

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

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

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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

Email \_\_\_\_\_

Employer \_\_\_\_\_

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

## I am:

- A registered home provider
- A licensed center staff

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



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## 1) 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: \_\_\_\_\_
- 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 Agency of Education's Peer Review Consultant on this date: \_\_\_\_\_

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

## 2) 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.

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Please sign the certification 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 one 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 a teacher salary schedule for my work in the regulated care setting.
6. I am not a T.E.A.C.H. Early Childhood Peer Review Assessment Scholarship recipient.
7. 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.

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

*Be sure to sign the certification above.*

*Keep a copy of your completed application for yourself, and mail (not email) the original to:*

**Child Development Division**  
**ATTN: Linda Clark**  
**280 State Drive, NOB 1 North**  
**Waterbury, Vermont 05671-1040**  
**Phone: 802-241-0804 or 1-800-649-2642**  
**Email: linda.clark@vermont.gov**

*\* 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.*