Print Form

AGENCY INFORMATION

Agency					
Address			**City**		**Zip**
Phone		**Fax**		**Email**	

SITE INFORMATION

Site Name					
Address			**City**		**Zip**

Classroom: ☐ A ☐ B ☐ C ☐ D ☐ E ☐ F ☐ G ☐ H ☐ I ☐ J

STAFF INFORMATION

Staff Name

Position Held

Position ☐ Lead Teacher ☐ 2nd Classroom Teacher ☐ Paraprofessional ☐ ABC Coordinator

Approved SQP Credential Sought

☐ P-4 License ☐ Bachelor's (EC/CD) ☐ AA (EC/CD) ☐ CDA ☐ Director Orientation ☐ Degree Exemption

SQP Start Date: _____ SQP Required Completion Date: _____

PROGRESS STATUS

☐ Reporting Period # 1 (Date: _____) Progress Made? ☐ Yes ☐ No

Explain and attach documentation to verify progress or justify lack of progress.

_____

_____

☐ Reporting Period # 1 (Date: _____) Progress Made? ☐ Yes ☐ No

Explain and attach documentation to verify progress or justify lack of progress.

_____

_____

☐ Reporting Period # 1 (Date: _____) Progress Made? ☐ Yes ☐ No

Explain and attach documentation to verify progress or justify lack of progress.

_____

_____

☐ Reporting Period # 1 (Date: _____) Progress Made? ☐ Yes ☐ No

Explain and attach documentation to verify progress or justify lack of progress.

_____

_____

I certify, under penalty of perjury, all information in this report is true and accurate to the best of my knowledge. I understand that submission of false or misleading information is cause for termination of ABC funding and referral for criminal prosecution.

_____ _____

Staff Member **Date**

_____ _____

ABC Program Coordinator/Authorized Official **Date**

2009-2010 Arkansas Better Chance Program
Staff Qualification Plan Progress Report

Instructions for Completion

Agency Information:

Agency Information – Must be same information that is on the Grant Agreement.

Site Information:

Site Information – Specific site information at which the staff person is located.
Classroom – Must agree with Grant Application (Each HIPPY HBE is substituted for classroom).

Staff Information:

Check only 1 block for each piece of information requested.

- Position Held - Check the box which most appropriately describes the staff person's position.
- Approved SQP Credential Sought – Entry must be exactly what is on the SQP Agreement. Credential sought cannot be changed without revision of the SQP Agreement and approval by DCCECE.
- SQP Start Date – Must be same date that is on the SQP Agreement.
- SQP Start Date – Must be the same date that is on the SQP Agreement.

Progress Status:

Check the appropriate box for the period being reported. Enter the date. (ex. January 30, ____, July 30, ___, January 30, ____, July 30, ___)
Check the appropriate box for Progress Made yes/no.
Explain and attach documentation to verify progress or justify lack of progress – write the status and what progress is made or not.

- If progress is made attach the documentation to the form (ex. transcript, certificate/degree completed)
- If progress is not made attach the documentation as to the reason for lack of progress .

Signatures:

The staff member for whom the application is being submitted MUST sign the SQP Application verifying knowledge of and commitment to completion of the SQP.

The Program Director/School District Official MUST sign the SQP Application verifying knowledge of and commitment to completion of the SQP. <u>This must be the same person who signed the Grant Agreement.</u>

Additional Facts:

11.7 Staff members not qualifying under Sections 11.1 - 11.3 may work in an ABC Program under an approved Staff Qualifications Plan. DCCECE will approve these plans on a case-by-case basis and shall monitor the plan to ensure adequate progress is being made. Programs shall file a Staff Qualifications Plan with DCCECE within fifteen (15) days of the date of hire and shall submit progress reports on January 30 and July 30 annually.

21.2 Issues for a compliance plan may include, but are not limited to:

- Staff members not meeting the requirements of a Staff Qualifications Plan.

The staff person is responsible for ensuring that the ABC Coordinator has adequate documentation to substantiate Progress or justify lack of progress.

The ABC Coordinator is responsible for ensuring that the staff person is making adequate progress and that the progress report is submitted to their ABC Program Specialist within required time frames.

If it is determined that a staff member is not making adequate progress, DCCECE may withdraw the SQP. Inadequate progress may be defined as poor attendance, failure to complete 3 hours per semester, withdrawal of courses or making below a "C" (2.0) grade average.

Examples of adequate justification for lack of progress must be due to hardship. Some examples may include, birth of a child, lengthy family member illness, death, etc. This list is not all inclusive.

Note: Lack of funds is **not** adequate justification of hardship as the program is required to pay for costs in meeting the SQP.