**Request for Assessment Deferment**

Please complete the information below to request your program’s assessment be scheduled after the typical time frame. This form must be submitted through the Assessment Grantee for approval. Please email this completed form to Katie Romero at KRomero@SWHD.org. Final decisions for approval are made within 21 calendar days of receiving the request.

|  |  |
| --- | --- |
| Participant Site Name and Address:Click or tap here to enter text. | Participant ID#: Click or tap here to enter text. |
| Current Assessment Cycle End Date: Click or tap here to enter text.  |
| Length of Deferment Requested: Click or tap here to enter text.  |

**Please respond to the following questions:**

1. Describe the reason that a deferment is being requested.

 Click or tap here to enter text.

1. Why do you think that this will affect your assessment?

Click or tap here to enter text.

1. What is the length of time a deferment is being requested? What is the plan in the meantime?

Click or tap here to enter text.

1. Are you caring for children during this time?

Click or tap here to enter text.

1. Are there any additional considerations that have not been asked that you feel are important to share?

Click or tap here to enter text.

**Please initial each statement of understanding:**

 I understand that the First Things First, Quality First Team may review the rationale for deferment and recommendation of the Assessment Grantee to make a final decision of approval.

 I understand that I am not guaranteed an assessment deferment. The FTF Quality First Team in coordination with the Assessment Grantee will review the request to determine participant need and feasibility in the assessment schedule.

 I understand that even if my deferment is approved, the FTF Quality First Team may defer my assessment for a length of time shorter or longer than originally requested based on the rationale I provide.

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|   |  |   |  |   |

Participant Name Participant Signature Date

--------------------------------------------------------Section to be completed by Quality First----------------------------------------------------

**Assessment Grantee’s response:**

[ ]  Approved assessment deferment for the time period requested

[ ]  Approved assessment deferment with revised timeline \_ \_\_

[ ]  Not approved for assessment deferment

Rationale:

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| --- |
| Click or tap here to enter text. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Click or tap here to enter text. |  |  |  | Click or tap here to enter text. |

Assessment Grantee Name Assessment Grantee Signature Date 

***If the recommendation is to not approve the request, this form will be forwarded to First Things First for review and final decision.***

**First Things First’s response:**

[ ]  Approved assessment deferment for the time period requested

[ ]  Approved assessment deferment with revised timeline \_ \_\_ \_

[ ]  Not approved for assessment deferment

Rationale:

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| --- |
| Click or tap here to enter text. |



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|  |  |  |  |  |
| Click or tap here to enter text. |  |  |  | Click or tap here to enter text. |

 First Things First Representative Name First Things First Representative Signature Date