**Request for Summer 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. Is there a different fee structure in the summer? Click or tap here to enter text.
2. Is there an administrative change or a large staffing change in the summer? Please describe this change. Click or tap here to enter text.
3. Identify the different number of classrooms/child care groups in operation over the summer. Click or tap here to enter text.
4. Do children need to re-enroll for the summer program? Click or tap here to enter text.
5. Do you have seasonal or temporary enrollment during the summer? Describe the process. Click or tap here to enter text.
6. How is your program different in the summer than at other times of the year? Click or tap here to enter text.
7. Why do you think your summer programming will negatively affect your assessment results? Click or tap here to enter text.
8. 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 I am not guaranteed a summer assessment deferment. The Assessment Grantee will review the request to determine the need and feasibility of the assessment schedule.

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

 I understand that if my summer deferment is approved, the approved deferment may be for a shorter or longer length of time than originally requested based on the rationale I provide.

 I understand that if I receive Quality First Scholarships and my summer deferment is approved, my scholarships may be suspended during the approved period, pending review and determination by First Things First.

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

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. |

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

 First Things First Representative Name First Things First Representative Signature Date