To request your program assessment be scheduled before the typical time frame, email this completed form to Katie Romero at KRomero@SWHD.org. The assessment grantee will recommend to approve or not approve the request within 5 business days. if approved, the assessment grantee will notify the participant and coaching contact of the decision within 5 business days. If the assessment grantee does not approve the request, a rationale for the decision will be forwarded to First Things First. First Things First will review the information and approve or not approve the request and notify the participant, coaching contact and assessment grantee of the decision. When not approved, a rationale will be provided within 5 business days.

|  |  |
| --- | --- |
| Participant Site Name and Address: | Participant ID#: |
| Current Assessment Cycle End Date: |
| Requested Assessment Time Period: |

**Please attach a statement of the reason for requesting an early assessment**

Click or tap here to enter text.

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Please initial each statement of understanding:

I understand that I am not guaranteed an early assessment. The Assessment Grantee will review the request to determine feasibility in the assessment schedule.

I understand that by requesting an early assessment, the results will be based on a reduced Quality Improvement time period (less than the typical timeline).

I understand that these assessment results will be effective throughout the assessment cycle. Another assessment will not be completed prior to 24-26 months from the assessment completion date.

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

I understand that requests to schedule earlier than six months from the cycle end date will not be approved.

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Participant Name Participant Signature Date

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

**Assessment Grantee decision:**

Request approved

Request not approved

Rationale for not approving the request:

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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.

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Assessment Grantee Name Assessment Grantee Signature Date

***If the Assessment Grantee does not recommend approving a Request for Early Assessment, this form will be submitted to First Things First for review and final decision.***

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**First Things First’s review and final decision:**

Request approved

Request not approved

Final Decision rationale:

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

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First Things First Representative Name First Things First Representative Signature Date