**ECEAP Contractor Professional Development Plan (PDP) Extension Request**

*Contractors must receive prior approval by DCYF ECEAP before implementing a waiver or variance.*

**Complete form and email to** **dcyf.eceap@dcyf.wa.gov**

Request Date:  [ ]  Early ECEAP [ ]  ECEAP

Contractor Name:

Subcontractor Name, if applicable:

Proposed start date: Requested duration (end date):

Staff Name: STARS ID:

ECEAP Standard Number and title:

**Explanation:**

**Reason:**

**Impact on services to children and families:**

**Description of how contractor will meet the intent of the ECEAP requirement:**

This request must include the following:

[ ]  Date staff was hired by contractor including ECEAP position hire date if different

[ ]  Explanation of reason why PDP was not met within 5-year timeline

[ ]  Updated PDP

[ ]  Unofficial transcripts or other supporting education documents (attach)

[ ]  Written plan outlining how contractor will monitor this PDP, including regular check-ins with assigned CQI Specialist

Additional DCYF ECEAP comments:

DCYF ECEAP decision: [ ]  Approved [ ]  Denied

ECEAP Workforce Specialist Signature: Date

ECEAP Administrator Signature: Date

**ECEAP Professional Development Plan**

**Please see ECEAP Performance Standards for descriptions of this position, qualifications, and professional development plan requirements.**

Name **­­­­­**      Supervisor

Position       Date of hire for this position

**Agreement**

I understand that I have been hired provisionally as lead teacher and it is my responsibility to:

1. Obtain education to obtain ECEAP lead teacher qualifications within five years of my date of hire for this position.
2. Make yearly progress to meet the required qualifications.
3. Upon completion of this Plan, submit a Staff Qualifications Application in MERIT and email or mail in copies of my transcripts and other documentation.

**Current Qualifications**

List related information from diplomas or transcripts:

[ ]  Degrees

[ ]  ECE credit towards earning a related degree

**My Plan**

I intend to meet this requirement by (date)       by completing (check one):

[ ]  An associate or higher degree in ECE, or related degree.

**Courses to be taken** (*continue on additional page if needed*):

|  |  |  |  |
| --- | --- | --- | --- |
| **Title** | **Where** | **Completion Date** | **Credit or hours** |
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Employee Signature Date

Supervisor Signature Date

(copies to Personnel File and employee)