

Staff Qualifications Waiver and Action Plan (part 1)

Instructions

Complete all relevant information in Part 1 and Part 2 of this form and return signed copy to your STARS Manager/Specialist at the Regional Key. List all courses you plan to take including the semester and year you plan to take the course, the number of credits, expected completion date. Once complete record the grade. If course is not completed please provide an explanation.

Action Plan

Today's Date: _____ Agency Name: _____

Total # of Staff at facility: _____ Total Number of Staff at facility with Action Plans: _____

Practitioner Name: _____ Position: _____

Current Degree: _____ Major: _____

Current Level on Career Lattice: _____ Career Lattice Level Goal _____ by ___/___/___

Anticipated # of credits needed to obtain next level of Career Lattice: _____

College/University Name: _____ Enrollment Date in program: _____

Name of Degree Program: (if applicable) _____

Semester & Year	Course Number and/or Name	Credits	Completion Date	Grade

If courses were not completed, provide an explanation below.

Staff Qualifications Waiver and Action Plan (part 2)

Reason for request for Waiver and Action Plan:

(Refer to section 3.7 for the Teacher Quality Document)

- Director enrolled in a Master’s Degree Program
- New Director enrolled in approved Director Credential program
- College Student pursuing Bachelor’s degree
- Staff Qualifications (1 year)
- Staff Qualifications (CDA)

I affirm that this Action Plan is correct and I agree to complete this Action Plan as described.

Signature of Applicant

Date

I acknowledge that this Action Plan is correct and I acknowledge responsibility for assisting the individual to attain required qualifications by identified date. I am requesting a waiver for this individual’s qualification.

Signature of Director/Administrator

Date

For Use by Regional Key

Date of Review: _____

Waiver and Action Plan Reviewed by: _____

- Waiver and Action Plan Approved
 - Waiver and Action Plan NOT Approved
- Reason: _____

Follow up review

Date: _____ Name: _____ Disposition: Continued Discontinued

Date: _____ Name: _____ Disposition: Continued Discontinued

Confirmation that Action Plan Completed

Date: _____ Regional Key Specialist Name: _____