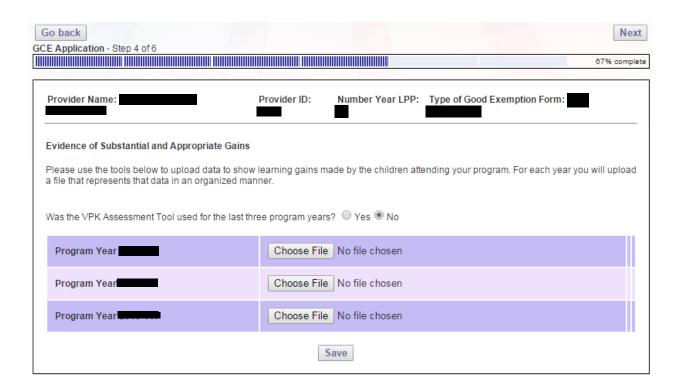
Provider Readiness Rate Good Cause Exemption Form Submit Go back Clear Form Save Form FLORIDA DEPARTMENT OF EDUCATION VPK PROVIDER KINDERGARTEN READINESS RATE GOOD CAUSE EXEMPTION FORM Please provide the following information regarding your application for review through the VPK Good Cause Exemption Application Process. Please type responses into the boxes below. All the fields marked with asterisk (*) are mandatory VPK Provider Information: Program Type: Provider Type: Coalition: *Name of Owner/Director/Principal: *Title (Position): *Name of Provider/School: *County of Provider: *Mailing Address: Program Year: *Work Phone Number (xxx-xxx-xxxx): Extension: Cell Phone Number (xxx-xxx-xxxx): *E-mail Address: *Confirm E-mail Address: Type of Good Exemption Form: **New Application** Please check only one of the following and provide any required supporting documentation Licensed private provider: ○ Child care facility ○ Family day care home ○ Large family child care home ○ Private school Non-licensed private provider: Faith-based child care (claims exemption under s. 402.316, F.S.) Faith-based private school (claims exemption under s. 402.3025,F.S.,or s. 402.316, F.S.) O Nonreligious private school (claims exemption under s. 402.3025, F.S.) Public School: Public school (licensed or uses contractors) Public school (exempt from licensure under s. 402.3025, F.S.) Public/Charter school (exempt from licensure under s. 402.3025, F.S.) Accreditation Information (for non-licensed providers): Name of Accrediting None - Non-accredited Accrediting agency is a member of: Commission on International and Trans-Regional Accreditation Florida Association of Academic Nonpublic Schools National Council for Private School Accreditation

None of the above (Using Gold Seal: specify Florida Approved Gold Seal Accreditation Program)

				50% compl
Provider Name:	Provider ID:	Number Year LPP:	Type of Good Exemption	n Form:
Compliance with Improvement Plan				
Enter narratives which explain how your pr rears shown below. Your Good Cause Exc mprovement Plans for both program years	emption application wil			
What's the Best Way to Draft an Explanatio	n? Can I View a Samp	le Explanation?		
Enter your explanation here				
Program Year				
explain how you faithfully adhered to and i	mplemented the Improv	rement Plan (submitted i	under authority of s. 1002.6	7, F.S.) for program yea
Enter your explanation here				



Go back Next GCE Application -Step 5 of 6 83% complete **Provider Name:** Provider ID: Number Year LPP: Type of Good Exemption Form: Individual Circumstances Enter three narratives which explain your provider center's unique or extraordinary circumstances which led to your low performance for each program year shown below. Unique or extraordinary circumstances which can cause low performance may include a large number of English language learners and/or students with disabilities in your classrooms. What's the Best Way to Draft an Explanation? | Can I View a Sample Explanation? Program Year Cite any extraordinary or unique circumstances under which your provider center should be allowed to continue to deliver the Voluntary Prekindergarten Education Program. Enter your explanation here.. Program Year Cite any extraordinary or unique circumstances under which your provider center should be allowed to continue to deliver the Voluntary Prekindergarten Education Program. Enter your explanation here..

