STATE OF FLORIDA VOLUNTARY PREKINDERGARTEN (VPK) EDUCATION PROGRAM IMPROVEMENT PLAN: STAFF DEVELOPMENT PLAN

PROVIDER INFORMATION – Coalition must annually receive this plan no later than 30 calendar days after the most recent release of the performance metric designation.

1. Provider Name:		2. Provider ID:	3. Accountability ID:
4. Improvement Plan Type:		5. VPK Program Type:	6. Program Year:
STAFF DEVELOPM	ENT	<u> </u>	
Reference # 7. Deliverable - Staff Do		velopment Activity	8. Hours
1			
2			
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PROVIDER CERTIF			
provided is true and correct and	agrees that noncompliance with the require		Code (F.A.C.). PROVIDER certifies that all information he termination of the PROVIDER'S current contract 2.68(5)(c), Florida Statutes.
VPK Director Print Name		VPK Director Signature	Signature Date
COALITION APPRO	OVAL		
By signing below, COALITION	certifies that COALITION has reviewed t	this document and confirmed it meets the require	ments of Rule 6M-8.700, F.A.C.
Coalition Staff Print Name		Coalition Staff Signature	Signature Date

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IMPLEMENTATION - Coalition must annually receive this update by the timelines established by the department and available at:

https://origin.fldoe.org/schools/early-learning/vpk-accountability.stml.

Reference	PROVIDER USE ONLY: DELIVERABLE IMPLEMENTATION		COALITION USE ONLY: VERIFICATION	
#	9. Completion Date	10. Evidence of Completion (Attached)	11. Verified By (Initials)	12. Verified Date
1				
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