



Mandatory Meeting Waiver

Provider Name: _____

Date: _____

Location: _____

Phone #: _____

Cell #: _____

Email: _____

FAX #: _____

Owner/Director _____

S/R _____ VPK _____

Mandatory Meeting related to:

Meeting Date: _____

ITERS (Environment Rating Scale)

ECERS (Environment Rating Scale)

Classroom or Group:

Character Development Review

Curriculum Implementation Review

Staff:

By signing below, I have indicated I do not wish to attend the mandatory meeting to discuss program assessment scores. I further understand I will not be eligible to receive Quality Improvement Support as it relates to the program assessment.

I am requesting program assessments and any related "quality improvement plans" be emailed to me at the email address listed above.

Signature

Mail to: Donna Williams, Director of Quality Services
Early Learning Coalition of Seminole

or 239 Rinehart Road, Lake Mary, FL 32746

FAX to: #407-871-1100