

**Low Performing Provider Year 1**

**Provider Acknowledgement - [REDACTED]**

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Provider Name: [REDACTED]

County of Program: [REDACTED]

Provider Address: [REDACTED]

Program Year: [REDACTED]

Program Type: [REDACTED]

- VPK providers who fall below the minimum readiness rate shall acknowledge their designation as a low performing VPK provider within 21 days of posting of the Final VPK Readiness Rates.
- Please complete the contact information below for the person who is submitting the Provider Acknowledgement. Then click [Next].



- After you have completed the Provider Acknowledgement, click the [Submit] button.
- Once you have submitted your Provider Acknowledgement, you may begin creating your Improvement Plan.

All the fields marked with asterisk (\*) are mandatory

\* Name (of person submitting the Provider Acknowledgement):

\* Position:

\* Contact Email Address:

- \*  I hereby acknowledge that the center noted above has been identified as a VPK Low Performing Provider based on the 2013-14 VPK Provider Kindergarten Readiness Rates. If I remain on probation for two consecutive years and fail to meet the minimum rate established by the State Board of Education, I intend to apply for a good cause exemption.

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