

Peer Mentor/Coaching Verification Form

carly Quality Matters						QRIS B	onus Incentive #2
Name							
Child Care Program							
EQM Peer Mentor/							
Coach							
Peer Mentor Meetings and/or Counder the following QRIS Element Coaching sessions of more than	nts: (#1) Child 2 hours focus	l and School Readine sed on QRIS Element	ss; (# s can	2) Teachers an count as 2 me	d Teaching; (#3) Progran etings.		•
#1 Child Development and		Observation and Devel					
School Readiness					Ith, Nutrition and Physical Activity fications (College Courses ☐ Curriculum Planning		
#2 Teachers and Teaching					onal Development	nd Implementation	
#3 Program and Environments					tration and Leadership (Qu	alificatio	ns and
"3 Trogram and Environments	(ECER	S/FCCERS/ITERS)	P	rofessional Deve	elopment)		
Primary Topic	QRIS Element			Additional Topic		Date	
1.		☐ Child and School Readiness			Additional Topic		Date
1.		☐ Teachers a					
		☐ Program and Environments					
2.		☐ Child and School Readiness					
		☐ Teachers and Teaching ☐ Program and Environments					
3.		☐ Child and School Readiness					
		☐ Teachers and Teaching					
4.		☐ Program and Environments ☐ Child and School Readiness					
4.		☐ Teachers and Teaching					
		☐ Program and Environments					
5.		☐ Child and School Readiness					
		☐ Teachers and Teaching ☐ Program and Environments					
6.		☐ Child and School Readiness					
		☐ Teachers and Teaching					
		☐ Program and Environments ☐ Child and School Readiness					
7.							
		☐ Teachers and Teaching ☐ Program and Environments					
8.		☐ Child and School Readiness					
		☐ Teachers a		-			
		☐ Program ar	nd Env	ironments			
TOTAL Meetings							S
Include this form with your Stipend Request by June 7 th 2019 in order to qualify for the Bonus Incentive #2 for \$200. Note: If you have chosen Option #2 (21 hours of Professional Development Trainings/Workshops) for your Professional Development Plan <u>and</u> choose to add-on the Bonus Incentive for Peer Mentor/EQM Coaching sessions, your meeting/coaching sessions must be in addition to the 21 hours of workshops/trainings counted in Option #2.							
Participant Signature:					Date:		
EQM Peer Mentor/Coach Signature:					Date:		