

Office of Early Childhood (OEC)
Arkansas Better Chance (ABC)
Staff Qualifications Plan (SQP) Progress Report

Program Information				
Agency				
Address		City		Zip
ABC Coordinator				
Phone		Email		

Site Information				
Site Name				
Address		City		Zip

Staff Information	
Staff Name	

SQP/ALP Provisions	
SQP start date: _____ SQP expiration date: _____ Institution attending: _____	<div style="display: flex; flex-direction: column; gap: 5px;"><div><input type="checkbox"/> Teacher Licensure</div><div><input type="checkbox"/> Bachelor ECE/CD</div><div><input type="checkbox"/> Associates ECE/CD</div><div><input type="checkbox"/> CDA</div><div><input type="checkbox"/> ECE Credential/Certificate</div><div><input type="checkbox"/> 12 or more ____ hours ECE/CD coursework</div></div>

Progress Status
Progress made? <input type="checkbox"/> Yes (attach transcript, grade report, PDR report, etc.) <input type="checkbox"/> No (attach documentation or justification for lack of progress)

Applicant Signature

Date

ABC Coordinator Signature

Date