**Community Eligibility Provision (CEP)
Intent to Review**

# SFA Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

| (A)Site Name[[1]](#footnote-1) | (B)Current # of Students Directly Certified[[2]](#footnote-2) (DC) | (C) Current Enrollment | (D)Current Identified Student Percentage (ISP)DC ÷ Enrollment | ***(E-1)******If the ISP is >40%*** do you intend to renew as a CEP Site? | ***(E-2)******If the ISP is <40%*** do you intend to request a one year grace period for transition? |
| --- | --- | --- | --- | --- | --- |
| 1 |  |  | % | □ Yes □ No | □ Yes □ No |
| 2 |  |  | % | □ Yes □ No | □ Yes □ No |
| 3 |  |  | % | □ Yes □ No | □ Yes □ No |
| 4 |  |  | % | □ Yes □ No | □ Yes □ No |
| 5 |  |  | % | □ Yes □ No | □ Yes □ No |
| 6 |  |  | % | □ Yes □ No | □ Yes □ No |
| 7 |  |  | % | □ Yes □ No | □ Yes □ No |
| 8 |  |  | % | □ Yes □ No | □ Yes □ No |
| 9 |  |  | % | □ Yes □ No | □ Yes □ No |
| 10 |  |  | % | □ Yes □ No | □ Yes □ No |

Comments:

Return to: Rosie Krueger mary.kreuger@vermont.gov or Fax to: (802)-479-1822

1. Include each site on it’s own line, use more than one sheet if needed [↑](#footnote-ref-1)
2. Count from each school’s direct certification master list [↑](#footnote-ref-2)