



**Delaware Stars for Early Success**  
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**Request for Dispute Resolution of ERS Assessment Form- Level 1**

*Please use a separate form for each classroom.*

*PROGRAM INFORMATION*

**Date of Request:** \_\_\_/\_\_\_/\_\_\_\_ (DD/MM/YYYY)

**Program Name:** \_\_\_\_\_

\_\_\_\_\_  
Program Director

\_\_\_\_\_  
Program Director Signature

\_\_\_\_\_  
Program Director E-mail

\_\_\_\_\_  
Program Director Phone Number

*CLASSROOM INFORMATION*

**Date of Assessment:** \_\_\_/\_\_\_/\_\_\_\_ (DD/MM/YYYY)

**Classroom Name:** \_\_\_\_\_

**Scale Used:** (Please check one)  ITERS-R  ECERS-SACERS  FCCERS-R

*Describe the issues/situation in as much detail as possible in the dispute/comments box below. Provide as much documentation as possible for review.*

**Dispute/Comments:**

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**For Office Use Only:**  
**Dispute Resolution Form**  
**Date Received by Delaware Stars:** \_\_\_/\_\_\_/\_\_\_\_ (DD/MM/YYYY)