



Dear Provider,

A contractor with the Early Learning Coalition of Sarasota County will be completing your classroom assessment(s) and child file review for the Look for the Stars Initiative. The review of child files takes place immediately following the classroom assessments. After your assessment please let the Coalition know how the visit went by completing this survey and **faxing** it to **954-4831** or returning it to Early Learning Coalition, 1750 17th Street, Building L, Sarasota FL 34234.

Name of Site: _____

Person completing survey: _____

- Date of assessment: _____ Name of classroom assessed: _____
Teacher(s): _____ Infant CLASS__ Toddler CLASS ____PK CLASS
- Date of assessment: _____ Name of classroom assessed: _____
Teacher(s): _____ Infant CLASS__ Toddler CLASS ____PK CLASS
- Date of assessment: _____ Name of classroom assessed: _____
Teacher(s): _____ Infant CLASS__ Toddler CLASS ____PK CLASS

Did the assessors arrive on time? Yes ____ No ____

Did the assessors observe each classroom for about 2 hours? Yes ____ No ____

If no, please explain: _____

Were the observations conducted in a professional manner? Yes ____ No ____

If no, please explain: _____

Did the assessors thoroughly review your child files? Yes ____ No ____

If no, please explain: _____

What is your overall satisfaction with the assessment visit?

Very Satisfied____ Somewhat Satisfied____ Not Satisfied____

Any other comments or concerns: _____

Thank you for your feedback. It is greatly appreciated!