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!