



Dear Provider,

An assessor from The Children’s Forum completed your classroom assessment(s). The child file/validation checklist review for the Look for the Stars Initiative was completed by an ELC member following the classroom assessments. 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. Attn: Kathy Cestaro.

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 1-2 hours? Yes ____ No ____

If no, please explain: _____

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

If no, please explain: _____

Did the ELC staff member 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!