

Application for Coaching and Mentoring Services

Date:

Name of Center:	Program ID Number:	
Address:		
City:	State:	Zip:
Director:		
Phone:	Fax:	Email:

Licensed Capacity: _____ Current Enrollment: _____
Number of currently enrolled EEC-subsidized children : _____
Number of classrooms: _____
Infant Infant/Toddler Toddler Preschool/Pre-K
 Kindergarten School Age

Is your program a: 12 month program or 10 month program

Which of the following best describes your center? (Please check all that apply)

<input type="checkbox"/> For Profit program	<input type="checkbox"/> Non-Profit program	<input type="checkbox"/> Other:
<input type="checkbox"/> Head Start Agency	<input type="checkbox"/> Nursery School	
<input type="checkbox"/> Public School	<input type="checkbox"/> Family Child Care	

Is your program NAEYC/NAFCC accredited? Yes No Expiration Date: _____
Is your program working towards NAEYC/NAFCC accreditation or re-accreditation? Yes
 No

What statement best describes your program?

- We know very little about Accreditation, I'm interested
- We've ordered the kit, now what? (Enrollment/Self-Study)
- We've evaluated our program and have begun portfolios. (Application/Self-Assessment)
- We've received our candidacy paperwork. (Candidacy)
- We're already accredited under the new system. (Maintenance)
- Other:

Are you familiar with the new QRIS standards? Yes No
Are you familiar with the ITERS/ECERS/FCCERS/SACERS Yes No

Are there licensing issues you struggle with?

Yes

No

If yes, what are they?

I would be interested in the following support services:

Accreditation Study Groups

Developing Individual Professional Development Plans for my staff

1:1 consultation on Accreditation

Classroom Observations

Review of Classroom and Program Portfolios

Career Counseling for my staff

Higher Education Advising

General Support for Quality Improvement

Understanding Licensing Requirements

Help with maintaining CDA or NAFCC Accreditation

Support for Upward Movement on QRIS

Other:

Will you be able to make yourself/staff available to meet with their coach/mentor?

Yes

No

Do you have staff whose primary language is not English? Yes

No

What languages?

Staff Education and Information:

Indicate the level of education attained by your staff by completing the chart below. Please include information for staff including Director.

(Please make copies of this sheet as necessary)

Staff Name (first and last)	<u>Positi</u> <u>on</u>	Total years experience	Years of employment in current program	Less than high school	HS Dpl/GED	Some College (specify # of credits)	<u>C</u> <u>D</u> <u>A</u>	AA (specify degree)	BA/BS (specify degree)	MA/MS (specify degree)	PQ Registry Id #

If you are unsure or don't know a staff member's educational qualifications, please write **D/K** in appropriate columns.