



Informal Assessment Request



Program Name: _____ Phone Number: _____

Director Name: _____ Date: _____

Program Address: _____ Email Address: _____

QF Participant (check one): YES NO (NOTE: QF Participation is not required to access Informal Assessment)

What type of Informal Assessment are you requesting: ENVIRONMENT (ERS) INTERACTIONS (CLASS)

What language does instruction in your program occur? _____

How many Informal Assessments are you requesting? _____

What ages of children do you serve? (check all that apply): Infant Toddler Preschool

What is your ideal time frame for Informal Assessment? (month/year)

Please initial each statement of understanding:

___ *I understand that the Assessment team will attempt to accommodate the time frame noted above for my program.*

___ *I understand that availability of the Assessor is based on Assessor caseload and that my request for an Informal Assessment might not be able to be accommodated.*

___ *I understand that if I am a Quality First Participant, my formal Quality First assessment process cannot be delayed/deferred due to the delay in an Informal Assessment*

___ *I understand that an Informal Assessment will not affect my Quality First Star Rating.*

___ *I understand that submitting this request does not guarantee that an Informal Assessment will be granted to my program. The Assessment team will respond with a timeframe within 10 business days of the request.*

Provider Name Provider Signature Date

Assessment Response (If needed):

Assessment Program Manager Name Assessment Program Manager Signature Date

Please return form to Katie Romero, Assessment Program Manager, at KRomero@SWHD.org or fax to (602) 633-8662.