Cohort Assessment Form (Center)

\*\*Please note it is not expected that this form be filled out prior to the specialist’s visit\*\*

**Center Name**: Click or tap here to enter text.

**Assessment Tool**: Choose an item.

*(Please Note that this form must be filled out for* ***each*** *classroom for which you are requesting materials)*

**Classroom name and age of children in classroom**: Click or tap here to enter text.

Environmental Self- Assessment: Please list the items receiving the lowest score on the self assessment and a brief explanation as to why the score was lower:

|  |  |  |
| --- | --- | --- |
| **Scale****Item Number** | **Score** | **Explanation** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
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Based upon the results of these lower scoring items, what types of materials will you be requesting to help raise your scores in order for you to pursue or maintain your Silver or Gold circle of Quality? Please list below (ie: diverse baby dolls, kitchen set; list general items as we are not looking for catalog number or exact items):

Click or tap here to enter text.

This form has been reviewed and discussed with the Quality Specialist or Infant Toddler Specialist in order to help providers intentionally focus on increasing the quality of lower scoring items. Please contact the specialist to discuss any changes prior to submission of the funding request.

Provider signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_

Specialist Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_