



# Informal Assessment Request



Program Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Director Name: \_\_\_\_\_ Date: \_\_\_\_\_

Program Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

QF Participant (circle 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? (circle 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.