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.