**Technical Assistance Endorsement: Client Evaluation Form**

Child Development Professionals (Institute) must submit surveys from two different supervisors and/or previous clients to evaluate a specific technical assistance experience (mentoring, coaching, and/or consultation services and support) provided by the applicant.

Evaluations from clients/recipients who have received a minimum of six months of TA services from the applicant and who have first-hand knowledge of the technical assistance skills and effectiveness of the applicant are asked to submit this signed form to the Institute. **Clients/recipients who have received funding in connection with technical assistance services provided by this applicant, such as a quality enhancement grant, are not eligible to complete this form due to a potential conflict of interest.**

Name of Technical Assistance Practitioner:

 Strongly Agree Strongly Disagree

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| The TA practitioner is knowledgeable about quality early care and education for children ages birth to five. | 5 | 4 | 3 | 2 | 1 | NA |
| The TA practitioner is knowledgeable about quality care and education for children ages five to 12**.** | 5 | 4 | 3 | 2 | 1 | NA |
| The TA practitioner valued my input and/or the input of my program staff. | 5 | 4 | 3 | 2 | 1 |  |
| The TA practitioner explained and modeled best practice. | 5 | 4 | 3 | 2 | 1 |  |
| The TA practitioner helped me and/or my program achieve its goals or make progress toward meeting goals. | 5 | 4 | 3 | 2 | 1 |  |
| The TA practitioner treated me and/or my program staff with respect. | 5 | 4 | 3 | 2 | 1 |  |
| I am satisfied with the technical assistance services I/we received. | 5 | 4 | 3 | 2 | 1 |  |

I confirm that I have been the recipient of at least six months of the applicant’s TA services and have direct experience with her/his skills and effectiveness. (Supervisors of the TA practitioner should complete the supervisor evaluation.)

Signature: Printed name:

Phone number: Email address:

Early childhood or school age care program name:

The date(s) of TA services:

Feedback will remain confidential.

Submit form by mail, email or fax to:

North Carolina Institute for Child Development Professionals

PO Box 959, Chapel Hill, NC 27514

Fax: 919-442-1998, Email: info@ncicdp.org