**Technical Assistance Endorsement: Supervisor Evaluation Form**

Professionals applying to obtain or renew their Technical Assistance Endorsement (TAE) through the North Carolina Institute for Child Development Professionals must submit surveys from two different supervisors and/or previous clients to evaluate technical assistance experiences (mentoring, coaching, and/or consultation services and support) with the applicant. To complete the survey as a supervisor with direct knowledge of the technical assistance skills and effectiveness of the applicant, please answer the following questions.

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 values client input. | 5 | 4 | 3 | 2 | 1 |  |
| The TA practitioner explains and models best practice. | 5 | 4 | 3 | 2 | 1 |  |
| The TA practitioner is typically successful in helping clients achieve their goals or make progress toward meeting goals. | 5 | 4 | 3 | 2 | 1 |  |
| The TA practitioner treats her clients with respect. | 5 | 4 | 3 | 2 | 1 |  |
| I recommend the TA practitioner for endorsement. | 5 | 4 | 3 | 2 | 1 |  |

I confirm that I have supervised the TA practitioner and have direct experience with her/his skills and effectiveness in this role. (Clients of the TA practitioner should complete the client evaluation.)

Signature: Printed name:

Phone number: Email address:

Organization:

The dates of supervision:

Feedback will remain confidential.

Submit form by mail or fax to:

North Carolina Institute for Child Development Professionals

PO Box 959, Chapel Hill, NC 27514 OR Fax: 919-442-1998