



**Early Learning Coalition of NW Florida  
ESD Monitoring Information**

Program Name \_\_\_\_\_ Date \_\_\_\_\_ County \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Name/Title of person completing form: \_\_\_\_\_ Coalition Staff Name: \_\_\_\_\_  
 Please circle one: *VPK*    *SR*    *Both*                      Age group of children \_\_\_\_\_  
 Type of Provider: (circle one)    *Licensed Center*    *Accredited*    *Faith Based*    *FCCH*

Items for Rating	Response	Comments
1. Curriculum name	_____	
2. Who, if anyone, has been trained or received technical assistance regarding this curriculum?	_____ _____ _____ _____	
3. Does your curriculum have a character development component? Please list.	<p align="center">YES      NO</p> <p>_____</p>	
4. Does the curriculum cover developmentally appropriate practices for birth to 5?	<p align="center">YES      NO</p>	
5. How did you choose your curriculum?	_____ _____ _____	
6. Was the curriculum approved by the Coalition?	<p align="center">YES      NO</p>	

7.	<b>How do you handle referrals for services for disabilities?</b>	<hr/> <hr/> <hr/>		
8.	<b>Do you have pre- and post- assessment tools?</b> <b>Name of assessment tool(s) used</b>	<p style="text-align: center;">YES      NO</p> <hr/>		
9.	<b>How are pre- and post- assessments conducted?</b>	<hr/> <hr/> <hr/> <hr/>		
10	<b>How are parents involved in the pre- and post- assessment process?</b>	<hr/> <hr/> <hr/> <hr/>		
11	<b>How is parental consent for assessments tracked?</b>	<hr/> <hr/> <hr/> <hr/>		
12	<b>How are the assessment results used in the classroom?</b>	<hr/> <hr/> <hr/>		

13	<b>How does the coalition help you with children who fall below the norm on assessments?</b>	<hr/> <hr/> <hr/>	
14	<b>What other referrals for services do you use?</b>	<hr/> <hr/> <hr/> <hr/>	
15	<b>Are teacher/ child ratios met in classroom?</b>	<p style="text-align: center;">YES      NO</p> <p># of children _____ # of teachers _____</p>	
16	<b>Have you received any Coalition Cash, start up grants, etc?</b>  <b>What documentation do you have for the use of quality initiative dollars?</b>	<hr/> <hr/> <hr/> <hr/>	
17	<b>Have you received technical assistance and or mentoring from the coalition? If so, what type?</b>	<p style="text-align: center;">YES      NO</p> <hr/> <hr/> <hr/> <hr/>	

18	<b>Do you have any teachers participating in TEACH? If so, how many?</b>	<p style="text-align: center;">YES      NO</p> <hr/> <hr/>		
19	<b>Have you been monitored by the Coalition?</b>	<p style="text-align: center;">YES      NO</p>		
20	<b>Do you have a coordinated staff development plan?</b>			
21	<u><b>Health and Developmental Screening</b></u> <b>Are immunization/health records in child's files? (i.e., screenings and physicals)</b>	<p style="text-align: center;">YES      NO</p>		
22	<b>Is your state license current?</b>	<p style="text-align: center;">YES      NO</p>		
23	<b>When are health/developmental screenings conducted? (within 45 days)</b>	<hr/> <hr/>		
24	<b>Does the Coalition have a calendar for assessment courses and training?</b>	<p style="text-align: center;">YES      NO</p>		
25	<u><b>Parent Involvement</b></u> <b>How are parents involved in their child's educational experience?</b>	<hr/> <hr/> <hr/> <hr/>		

Provider Signature \_\_\_\_\_ Date \_\_\_\_\_

Coalition Staff Signature: \_\_\_\_\_ Date \_\_\_\_\_