



TECHNICAL ASSISTANCE REQUEST FORM

Name of Child Care Program _____

Child Care License # _____ County of Child Care Program _____

Email Address _____ Phone Number(s) _____

Contact Person _____ Title _____

Street Address _____

City _____ State _____ Zip Code _____

Mailing Address (if different) _____

1. Numbers of classrooms in facility: Infant/Toddler classrooms (birth-30 months)
 Preschool classrooms (3-5 years) School Age classrooms (5-12 years)

2. Type of Technical Assistance Requested (circle all that apply):

Infant/Toddler Pre-School School-Age Behavior

3. **Please complete each box below for each classroom for which you are requesting technical assistance (TA). Make additional copies of this page if necessary.**

Name of Classroom: _____ NC Pre-K Classroom? _____

Age group? _____ Number of Children Enrolled? _____

Lead Teacher's Name _____ Highest Level of Education: _____

In what areas do you need TA? Please check all that apply.

Learning Environment Rating Scales Daily Schedule Health Discipline

Diapering Room arrangement Indoor/Outdoor Activities Professional Development

Healthy Social/Emotional Sanitation Safety Transitions Program Policy



“Helping make Anson County a better place to be a child and to raise a child”

Name of Classroom: _____ NC Pre-K Classroom? _____

Age group? _____ Number of Children Enrolled? _____

Lead Teacher's Name _____ Highest Level of Education: _____

In what areas do you need TA? Please check all that apply.

Learning Environment Rating Scales Daily Schedule Health Discipline
 Diapering Room arrangement Indoor/Outdoor Activities Professional Development
 Healthy Social/Emotional Sanitation Safety Transitions Program Policy

Name of Classroom: _____ NC Pre-K Classroom? _____

Age group? _____ Number of Children Enrolled? _____

Lead Teacher's Name _____ Highest Level of Education: _____

In what areas do you need TA? Please check all that apply.

Learning Environment Rating Scales Daily Schedule Health Discipline
 Diapering Room arrangement Indoor/Outdoor Activities Professional Development
 Healthy Social/Emotional Sanitation Safety Transitions Program Policy

Name of Classroom: _____ NC Pre-K Classroom? _____

Age group? _____ Number of Children Enrolled? _____

Lead Teacher's Name _____ Highest Level of Education: _____

In what areas do you need TA? Please check all that apply.

Learning Environment Rating Scales Daily Schedule Health Discipline
 Diapering Room arrangement Indoor/Outdoor Activities Professional Development
 Healthy Social/Emotional Sanitation Safety Transitions Program Policy



“Helping make Anson County a better place to be a child and to raise a child”

4. Do you need assistance in a language other than English? Yes No

If yes, what language: _____

5. What are your program’s goals for improving the quality of your facility?

6. Has your facility participated in an official ITERS-R, ECERS-R, FCCERS-R or SACERS assessment from the state? Yes No

7. If no, is an Environment Rating Scale assessment scheduled? Yes No

If yes, when: _____

8. Please provide any additional comments below: _____

Facility Director/Owner

Date

**Please request technical assistance at least 6 weeks prior to scheduling
DCDEE rating scale assessments**