

Assessment Feedback Form—Provider

BUSINESS ADMINISTRATION SCALE FOR FAMILY CHILD CARE

The McCormick Center for Early Childhood Leadership welcomes your comments about the BAS assessment. The feedback you provide will be used to make improvements in the interview process. Please return this completed form in the envelope provided to the McCormick Center within five days after your assessment.

Date:	Assessment start time:	
Assessor:	Assessment end time:	
Program Name:		
Provider Name:	Provider Phone:	

No

In preparing for this visit, how much time did you spend gathering and organizing necessary documentation? ______ hours ______ minutes

The assessor arrived at the scheduled time.

	Strongly Disagree				Strongly Agree
The assessor was cordial and friendly.	1	2	3	4	5
The assessor was knowledgeable about the content of the BAS.	1	2	3	4	5
The assessor's interviewing style made me feel at ease.	1	2	3	4	5
The assessor conducted the interview in a professional manner.	1	2	3	4	5
This BAS assessment process was beneficial for me and my program.	1	2	3	4	5

Do you have any comments you would like to share about this BAS assessment?

Prior to this assessment, were you familiar with the BAS? \Box Yes \Box No