



Center Visit Feedback Form

1) What is your role/title at SCF? _____

2) What Center are you visiting?

- | | | | |
|---------------------------------------|-----------------------------------------|------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> Boulder City | <input type="checkbox"/> City Impact | <input type="checkbox"/> North Las Vegas | <input type="checkbox"/> Henderson |
| <input type="checkbox"/> Desert Rose | <input type="checkbox"/> Northwest | <input type="checkbox"/> Spring Valley | <input type="checkbox"/> West |
| <input type="checkbox"/> The Hills | <input type="checkbox"/> Bring'Em Young | <input type="checkbox"/> Source Academy | <input type="checkbox"/> Discovery Gardens |

3) Overall Ratings

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
--	-------------------	----------	---------	-------	----------------

- | | | | | | |
|-----------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <i>The greeting you received upon arrival was warm & friendly.</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>The inside of the center was clean & well maintained (the vibe.)</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>The center smelled good.</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>Outdoor space was clean & well maintained.</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

4) Did you witness teacher-student interactions? If yes, would you describe it as positive?

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
--	-------------------	----------	---------	-------	----------------

- | | | | | | |
|------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <i>Teacher 1</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>Teacher 2</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

5) Teacher-Student Ratio (There should be 1 teacher to every 4 students in the classroom)

Number of Teachers in the class? _____ Number of children in the class? _____

6) What staff did you observe and/or talk to? _____

7) Does a follow up need to be conducted? Yes No

8) Comments: _____

9) Overall Rating of the Center

- 1 Star 2 Stars 3 Stars 4 Stars 5 Stars

10) Time & Date of your visit: _____