



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

The greeting you received upon arrival was warm & friendly.

☐ ☐ ☐ ☐ ☐

The inside of the center was clean & well maintained (the vibe.)

☐ ☐ ☐ ☐ ☐

The center smelled good.

☐ ☐ ☐ ☐ ☐

Outdoor space was clean & well maintained.

☐ ☐ ☐ ☐ ☐

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

Strongly Disagree Disagree Neutral Agree Strongly Agree

Teacher 1

☐ ☐ ☐ ☐ ☐

Teacher 2

☐ ☐ ☐ ☐ ☐

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: _____