

## Assessment Feedback Form—Assessor

### 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 your form to the McCormick Center along with the copy of the program's completed BAS book.

**Date:** \_\_\_\_\_ **Assessment start time:** \_\_\_\_\_  
**Assessor:** \_\_\_\_\_ **Assessment end time:** \_\_\_\_\_  
**Program Name:** \_\_\_\_\_  
**Provider Name:** \_\_\_\_\_

**Yes    No**

- The provider was prepared for the visit (documentation was ready and the Provider Qualifications Worksheet was completed).  
If no, explain: \_\_\_\_\_
- The provider was ready to start on time.  
If no, explain: \_\_\_\_\_
- I received a brief tour of the child care and business space of the home.  
If no, explain: \_\_\_\_\_
- I had access to all necessary documentation.  
If no, explain: \_\_\_\_\_
- The provider was open to answering all of the questions.  
If no, explain: \_\_\_\_\_
- The interview proceeded with no more than a few interruptions.  
If no, explain: \_\_\_\_\_
- The documentation was organized for easy review.  
If no, explain: \_\_\_\_\_
- Overall, the assessment went smoothly.  
If no, explain: \_\_\_\_\_

Any other comments you would like to share about this visit?

Do you have any suggestions for improving the BAS assessment process?