



Request for Program Assessment

Instructions: To be eligible for an assessment, participants must have a draft rating 3 or published Quality Rating 3. To request an assessment, email this completed form to your Program Coordinator. The MSDE Quality Measurement Specialist will contact you to schedule your assessment(s).

Today's Date: _____

Director or Provider Name: _____

Program Name: _____

License/Registration #: _____

Address: _____
(Street number/street name/city/zip code)

County: _____

Email Address _____

Daytime Phone Number: _____

Program Type (select one):

- Family Child Care Child Care Center School-Age Only

List any date(s) that the program is unable to have an assessment site visit for the next 60 days.
(Examples: holiday, field trip, or professional development days)

Date(s) Program is Unavailable



Family Child Care Providers:

List the birthdates of all children, excluding school-age children. This will help determine which CLASS® tools will be used during the observation.

Children's Birthdates	Children's Birthdates

Child Care Centers:

Classroom Name	Name(s) of Teaching Staff	# of Children Under 18 Months	# of Children 18-36 Months	# of Children 3-5 Years	# of Children 5-12 Years

Age ranges as defined by the assessment tools:

- Infant CLASS: 6 weeks up to 18 months
- Toddler CLASS: 18 up to 36 months
- Pre-K CLASS: 3-5 years
- School-Age Care Environment Rating Scale: 5-12 years