



QCCN Annual Support Visit

Name of Centre:

Date of Visit:

Name of Organization:

Support Consultant:

Age Group(s):

Contact Name:

Position:

Infant

Contact Name:

Position:

Toddler

Preschool

Date of Previous Visit:

First Visit from QCCN:

Pictures from the Centre yes no

Number of Staff Requiring QCCN Training:

How are the educators, children, and families doing? Ex: with overall changes, communication, interactions

Has your centre put a plan in place for implementing the QCCN tools and resources?

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Are there any barriers that have been identified? What further support would you like?

- | | |
|---|---|
| <input type="checkbox"/> DPS: | <input type="checkbox"/> Monthly Stats: |
| <input type="checkbox"/> Speech and Language: | <input type="checkbox"/> Curriculum Planning: |
| <input type="checkbox"/> C.A.R.E. Checklist: | <input type="checkbox"/> Caregiver Interaction Scale: |
| <input type="checkbox"/> Environmental Rating Scales (ITERS-3/ECERS-3): | <input type="checkbox"/> Program Profile: |
| <input type="checkbox"/> Family Survey: | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Referrals: | |

Were there any strategies that worked well for the centre?

Were there any referrals that were put in place for a Resource Consultant, Behaviour Consultant, and/or Speech? Do you need any further support?

What further support would you like for implementing the QCCN tools and resources further to meet your goals?