

Technical Assistance Intake Form – Center/Group Program

Today’s Date: _____ TA Specialist: _____

Program Name: _____

Staff Name(s) & Position(s): _____

Address: _____

Phone: _____ License Number: _____

Email: _____

Maryland EXCELS No Registered Published (Level _____)

Accreditation No MSDE NAEYC NAA Other _____

Maryland Credential No Yes, Number of Staff (any level) _____

How did you hear about us? CCRC Outreach/Activities Internet/Social Media

MSDE Depts/Programs Provider Community State Agency/Services

Other _____

LOCATE Profile Last Update: _____

| Topic | |
|--|--|
| <input type="checkbox"/> Accreditation <input type="checkbox"/> Administrative Policies/ Practices <input type="checkbox"/> Assessments <input type="checkbox"/> BAS/PAS <input type="checkbox"/> CDA <input type="checkbox"/> Child Behavior <input type="checkbox"/> Children with Special Needs <input type="checkbox"/> Classroom Management <input type="checkbox"/> Community Outreach/ Support <input type="checkbox"/> Credential <input type="checkbox"/> Curriculum <input type="checkbox"/> Developmentally Appropriate Practice | <input type="checkbox"/> Developmental Screening <input type="checkbox"/> Environmental Rating Scale (ERS) <input type="checkbox"/> EXCELS Technology <input type="checkbox"/> Infant/Toddler <input type="checkbox"/> Maryland EXCELS (Level 1 or Startup) <input type="checkbox"/> Maryland EXCELS (Levels 2-5) <input type="checkbox"/> Licensing/Compliance <input type="checkbox"/> Other Language Speakers <input type="checkbox"/> Professional Development/ Training <input type="checkbox"/> Retention/Expansion <input type="checkbox"/> Startup <input type="checkbox"/> Other (see notes below) |

Notes and Goals for Technical Assistance:

