Technical Assistance Intake Form – Family Child Care Program

Today's Date: _____ TA Specialist: _____

Provider Name: _____

Address: _____

Phone: _____ Registration Number: _____

Email: _____

Maryland EXCELS ☐ No ☐ Registered ☐ Published (Level _____)

Accreditation ☐ No ☐ NAFCC ☐ NAA ☐ Other _____

Maryland Credential ☐ No ☐ In Progress ☐ Yes, 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	
☐ Accreditation	☐ Developmental Screening
☐ Administrative Policies/ Practices	☐ Environmental Rating Scale (ERS)
☐ Assessments	☐ EXCELS Technology
☐ BAS/PAS	☐ Infant/Toddler
☐ CDA	☐ Maryland EXCELS (Level 1 or Startup)
☐ Child Behavior	☐ Maryland EXCELS (Levels 2-5)
☐ Children with Special Needs	☐ Licensing/Compliance
☐ Classroom Management	☐ Other Language Speakers
☐ Community Outreach/ Support	☐ Professional Development/ Training
☐ Credential	☐ Retention/Expansion
☐ Curriculum	☐ Startup
☐ Developmentally Appropriate Practice	☐ Other (see notes below)

Notes and Goals of Technical Assistance:

Technical Assistance Summary of Services

Case Opened: _____   Case Closed: _____

Summarize the Initial Goal of Technical Assistance and Describe Outcomes (Successes and Challenges). Consider if goals were met or not and if goals changed during the course of the Technical Assistance.

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