

Staffing: Qualifications, Professional Development, Human Resources, and Compensation

FOR CENTRE USE

CENTRE NAME _____

PREPARED BY _____

DATE _____

WHO WAS INVOLVED? Educators Director Board/Owner Parents Community Reps Children

Other? Please specify _____

WHAT METHOD(S)/APPROACH(ES) DID WE USE TO GATHER INFORMATION FROM THE GROUPS ABOVE? _____

WHAT ARE WE DOING WELL? _____

WHERE CAN WE IMPROVE? _____

WHAT PROFESSIONAL DEVELOPMENT OR OTHER RESOURCE(S) COULD SUPPORT OUR IMPROVEMENT? _____

UPON REFLECTION, WHAT WERE THE KEY FINDINGS AND LESSONS LEARNED? _____

FOR CONSULTANT USE

REVIEWED BY _____

DATE RECEIVED _____

DATE REVIEWED _____

FEEDBACK PROVIDED BY Email Phone In-Person