



ABC Program Specialist Evaluation Form

Technical Assistance ____	Monitor ____
Provided by: Phone ____ Email ____ Visit ____ On-line ____	
ABC Program Specialist _____ Date of contact _____	

Agency Administering the Program: _____

Center Name: _____

1. Was the procedure for monitoring explained to you? **Y N N/A**
2. Were you given a chance to ask questions and have them answered? **Y or N**
3. Was a Program Improvement Plan developed? **Y N N/A**
4. Was a copy of the Program Improvement Plan left with the program? **Y N N/A**
5. If the purpose of the visit was TA, were your needs sufficiently met? **Y N N/A**
6. If #5 is "no", what area/s do you need additional TA? _____
7. Was the overall attitude of your Specialist friendly, positive, and encouraging?
Y or N
8. What was your overall reaction to the visit at your site?

ABC Specialist Arrival Time: _____ Departure Time: _____

Signature: _____ Phone: _____
Title: _____

Please return to: DCCECE
 Attn: Jamie Morrison
 P.O. Box 1437, Slot S-160
 Little Rock, AR 72203 or fax to 501-683-0971
 (o)501-683-0975/Jamie.morrison@arkansas.gov

Review Date _____
(For Office Use Only)