



Request for Quality Improvement Support (QIS)

Provider Name: _____

Date: _____

Location: _____

Phone #: _____

Cell #: _____

Email: _____

FAX #: _____

Requested by: _____

Classroom: _____

Quality Improvement Support related to: ITERS (Environment Rating Scale)

(Check only one.)

ECERS (Environment Rating Scale)

Character Development Review

Curriculum Implementation Review

VPK (Voluntary PreKindergarten)

QRIS (Quality Rating & Improvement System)

Other (Please describe in detail)

Type of Quality Improvement Support Requested:

Phone

Email

Onsite

Staff Meeting

Intensive QIS **

Training **

(May include coaching, mentoring, modeling, etc.)

****** Proof of related training may be required along with required approval from Director of Quality Services.

Mail to: Donna Williams, Director of Quality Services

Early Learning Coalition of Seminole

or

239 Rinehart Road, Lake Mary, FL 32746

FAX to: #407-871-1100

Office Use only: Assigned to: _____

Date: _____

Date/Time of QIS: _____

QIS completed by: _____

Date: _____

Submit one form per request/classroom