

## Form I: Technical Assistance Consultant Commitment Form

Center Name: \_\_\_\_\_

Center Director Name: \_\_\_\_\_

Center Phone Number: \_\_\_\_\_ Director E-mail: \_\_\_\_\_

### Center's Request:

Time frame for Consultation: Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Consultation Activities (Check all that are requested):

Whole staff training (required)  Evenings  Saturdays

Classroom arrangement  Evenings  Saturdays

Modeling  Weekday morning  Weekday afternoon

Other requests: \_\_\_\_\_

Number of Classrooms for : Infants \_\_\_\_\_ Toddlers \_\_\_\_\_ Two Year Olds \_\_\_\_\_

Preschoolers \_\_\_\_\_ School Age \_\_\_\_\_ Mixed Age \_\_\_\_\_

Number of caregivers: \_\_\_\_\_

Is the center participating in a Baby Steps, Next Steps or Two Year Old grant at this time? \_\_\_\_\_

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I, \_\_\_\_\_ (TA Consultant Name) agree to provide the services listed above with the following stipulations:

1. It is understood by both parties that the start and end dates may need to be flexible. I will be available beginning \_\_\_\_\_ (date).
2. The director commits to being involved in identifying and supporting strategies and plans for improvement and supports these strategies and plans between Consultant visits.

\_\_\_\_\_  
TA Consultant Name

\_\_\_\_\_  
Consultant Signature

\_\_\_\_\_  
Date