

**EDUCATOR PHONE SUPPORT FORM**

**Educator’s Name: Date:**

**HAFDC Consultant’s Name:**

**Call started:** **Call ended:**

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| **EDUCATOR FOLLOW UP FROM LAST VISIT:**  . |
| **FOCUS TOPIC OF THE MONTH:** |

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| **NOTES:** | **QUALITY AREAS:** |
|  | **□** 1: Educational Program & Practice  □ 2: Children’s Health & Safety  □ 3: Physical Environment  □ 4: Staffing Arrangement  □ 5: Relationships with Children  □ 6: Collaborative Partnerships with Families & Communities  □ 7: Governance and Leadership |
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| **FOLLOW UP FOR NEXT VISIT:** | |
| **CONSULTANT SIGNATURE:** |  |