

 **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:** |  |