

Self-Study Verification Form: School-Age Only Facility Administrators



As part of the NC Rated License process for the Program Assessment Pathway, school-age only facility administrators must participate in a self-study process using either the SACERS-U or the School Age Program Quality Assessment with Supplemental Scales (SAPQA). This form provides documentation that the 4-step process has taken place and identifies key insights gained. Visit www.ncrlap.org for information and resources about the process.

Facility Name: _____ License Number: _____

Administrator Name: _____ Date Self-Study started: _____ Completed: _____

Summary:

1. Which Self-Assessment tool was used?

- ☐ Thinking More About Language and Interactions
- ☐ Thinking More About Activities
- ☐ Thinking More About The SAPQA
- ☐ Self-Assessment: Using an Outreach Assessment Report

☐ I have a copy of the self-assessment tool available for review.

2. What areas were identified to be strengths for your program?

3. What aspects of the program did you identify as areas for growth?

4. Describe your SMART goal and outcomes from the self-study cycle:

5. How can I use this information to help the group leaders meet the needs of our program and families?

6. What training and resources do I and/or the group leaders need to be successful?

7. What types of coaching strategies would benefit my staff?

Provider Verification:

I certify that I have completed the self-study process and reflected on current practices, identified areas for improvement, and began implementing changes aligned with the Environment Rating Scales and program goals.

Provider Signature: _____ Date: _____

Thank you for your leadership and commitment to providing high-quality care and learning environments for young children across North Carolina.