

NCAST Programs

Feeding Reliability Instructor Renewal Form

Name _____
Please Print

City _____

Instructor _____ Date _____

Directions: Place an X in the box next to each number you rated the caregiver and child a "NO". Repeat for each Feeding Reliability Dyad (#1-5). Use pen only. Complete the back side of this form. Send this form in with your five original scales to the NCAST office.

| | #1 | #2 | #3 | #4 | #5 |
|-----------------------------------|-----|----|----|----|----|
| SENSITIVITY TO CUES | 1. | | | | |
| | 2. | | | | |
| | 3. | | | | |
| | 4. | | | | |
| | 5. | | | | |
| | 6. | | | | |
| | 7. | | | | |
| | 8. | | | | |
| | 9. | | | | |
| | 10. | | | | |
| | 11. | | | | |
| | 12. | | | | |
| | 13. | | | | |
| | 14. | | | | |
| | 15. | | | | |
| | 16. | | | | |
| RESPONSE TO CHILD'S DISTRESS | 17. | | | | |
| | 18. | | | | |
| | 19. | | | | |
| | 20. | | | | |
| | 21. | | | | |
| | 22. | | | | |
| | 23. | | | | |
| | 24. | | | | |
| | 25. | | | | |
| | 26. | | | | |
| | 27. | | | | |
| SOCIAL-EMOTIONAL GROWTH FOSTERING | 28. | | | | |
| | 29. | | | | |
| | 30. | | | | |
| | 31. | | | | |
| | 32. | | | | |
| | 33. | | | | |
| | 34. | | | | |
| | 35. | | | | |
| | 36. | | | | |
| | 37. | | | | |
| | 38. | | | | |

| | #1 | #2 | #3 | #4 | #5 |
|----------------------------|-----------------------------|-----|----|----|----|
| COGNITIVE GROWTH FOSTERING | 39. | | | | |
| | 40. | | | | |
| | 41. | | | | |
| | 42. | | | | |
| | 43. | | | | |
| | 44. | | | | |
| | 45. | | | | |
| | 46. | | | | |
| | 47. | | | | |
| | 48. | | | | |
| | 49. | | | | |
| | 50. | | | | |
| | 51. | | | | |
| | 52. | | | | |
| | 53. | | | | |
| | 54. | | | | |
| CLARITY OF CUES | 55. | | | | |
| | 56. | | | | |
| | 57. | | | | |
| | 58. | | | | |
| | 59. | | | | |
| | 60. | | | | |
| | 61. | | | | |
| | 62. | | | | |
| | 63. | | | | |
| | 64. | | | | |
| | 65. | | | | |
| | RESPONSIVENESS TO CAREGIVER | 66. | | | |
| 67. | | | | | |
| 68. | | | | | |
| 69. | | | | | |
| 70. | | | | | |
| 71. | | | | | |
| 72. | | | | | |
| 73. | | | | | |
| 74. | | | | | |
| 75. | | | | | |
| 76. | | | | | |

Please confirm your work information as requested to insure that our records are current.

Work Adress

Daytime Telephone Number

Office Fax

Cellular Phone

E-mail Address

We would also like to update our records with your:

Home Adress

Home Telephone Number

Home Fax

Personal Cellular Phone

Home E-mail Address
