

NCAST-AVENUW

Feeding Reliability Instructor Renewal Form

Name _____
Please Print

City _____

Instructor _____ Date _____

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

	#1	#2	#3	#4	#5
1.					
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SENSITIVITY TO CUES

RESPONSE TO CHILD'S DISTRESS

SOCIAL-EMOTIONAL GROWTH FOSTERING

	#1	#2	#3	#4	#5
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76.					

COGNITIVE GROWTH FOSTERING

CLARITY OF CUES

RESPONSIVENESS TO CAREGIVER

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

Work Address

Daytime Telephone Number

Office Fax

Cellular Phone

E-mail Address

We would also like to update our records with your:

Home Address

Home Telephone Number

Home Fax

Personal Cellular Phone

Home E-mail Address
