

NCAST Programs

Teaching 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 Teaching 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.				
RESPONSE TO CHILD'S DISTRESS	12.				
	13.				
	14.				
	15.				
	16.				
	17.				
	18.				
	19.				
	20.				
	21.				
	22.				
SOCIAL-EMOTIONAL GROWTH FOSTERING	23.				
	24.				
	25.				
	26.				
	27.				
	28.				
	29.				
	30.				
	31.				
	32.				
	33.				
	34.				
	35.				
	36.				

	#1	#2	#3	#4	#5
COGNITIVE GROWTH FOSTERING	37.				
	38.				
	39.				
	40.				
	41.				
	42.				
	43.				
	44.				
	45.				
	46.				
	47.				
CLARITY OF CUES	48.				
	49.				
	50.				
	51.				
	52.				
	53.				
	54.				
	55.				
	56.				
	57.				
	58.				
RESPONSIVENESS TO CAREGIVER	59.				
	60.				
	61.				
	62.				
	63.				
	64.				
	65.				
	66.				
	67.				
	68.				
	69.				
	70.				
	71.				
	72.				
	73.				

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
