

NCAST Programs

Teaching Reliability Form

Third Attempt

Name _____
Please Print

City _____

Instructor _____ Present Test 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). When you are finished turn this form in to your instructor with your five original Teaching scales attached. **Please attach a check, credit card #, or PO# for \$15 to cover the cost of processing your third attempt.**

	#1	#2	#3	#4	#5
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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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COGNITIVE GROWTH FOSTERING

CLARITY OF CUES

RESPONSIVENESS TO CAREGIVER