



Provider's Evaluation of the NAFCC Accreditation Observer

FCC Educator's Name: _____

Observer's Name: _____

1. On a scale of 1 – 5, how professional was the Observer during your observation? _____

1 = Very Unprofessional -----> 5 = Very Professional

Comment: _____

2. Did your observer:

Did your observer...	Yes	No
Spend 4 to 5 hours observing your program?		
Depart from your home for at least 1 hour prior to the interview?		
Ask you to show any materials around the home that were not observed earlier?		
Ask you interview questions?		
Document your answers briefly, as space permitted?		

3. On a scale of 1 – 5, how would you rate the Observer on this visit? _____

1 = Intimidating/Rude-----> 5 = Friendly & Courteous

Comment: _____

4. Do you have any suggestions about how this Observer could be more effective?

5. Is there anything about your observer's visit that you would like the Commission to know?

*This evaluation does not in any way reflect upon your accreditation status. It is used to improve observer training and the accreditation process. An honest reflection of your experience is necessary for this to be an effective tool.

FCC Educator's Signature: _____

Date: _____

Email Only to Accreditation@nafcc.org