

QRIS: Rating Review Form

Instructions: Form should be submitted no later than **10 working days** after receipt of your QRIS Validation Report. The form can be downloaded and/or send to QRIS Coordinator via email, fax or mail: Jennifer.L.Martinez@first5sf.org or fax: 415-565-0494 or mail: Quality Rating Improvement Systems Coordinator at 1390 Market Street, Suite 318 San Francisco, CA 94102.

Program Information		
Program Name:		Date Submitted:
Agency Name (If applicable):		
Person Completing Rating Review Form:		
Program Mailing Address:		
City, State, Zip:		
Date of QRIS Site Visit:	Phone Number:	Email Address:
Which Element/s is the Program Requesting to Review?		
Please select Elements that are applicable:		
<input type="checkbox"/> Element One: Child Observation	<input type="checkbox"/> Element Two: Developmental & Health Screenings	
<input type="checkbox"/> Element Three: Teacher Qualifications	<input type="checkbox"/> Element Four: Effective Teacher-Child Interactions	
<input type="checkbox"/> Element Five: Ratios & Group Size (Centers only)	<input type="checkbox"/> Element Six: Program Environment Rating Scale	
<input type="checkbox"/> Element Seven: Director Qualifications (Centers only)		
Please describe your program's rationale for each element the program is requesting to review:		

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F5 Office use only:

Review Request Received (Date)	QRIS Rating Review Phone Call	Rating Review Site visit (Date)
	Scheduled (Date)	