Classroom Follow-up Feedback

Date: ___________________  Program: ___________________

Classroom: ___________________  Coach: ___________________

Participating Early Childhood Educators:

________________________________________  □ Follow-up 1  □ Follow-up 2

________________________________________

________________________________________

General classroom strengths:

Specific areas of strength:

<table>
<thead>
<tr>
<th>Early Childhood Rating Scale</th>
<th>Small Group Observation</th>
<th>ELLCO Literacy Environment Checklist</th>
<th>Behavior Intervention Guidelines Observation</th>
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Recommendations for Improvement:

1. 

2. 

3.