

**PART D**  
**CHILD DEVELOPMENT COUNCIL**  
**Technical Assistance Project/ITA Application**

Date \_\_\_\_\_ **Program Requesting ITA** \_\_\_\_\_

Contact Name \_\_\_\_\_ Modality/Type \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ E-mail \_\_\_\_\_

**Person Making Request** \_\_\_\_\_ E-mail \_\_\_\_\_

**Participating Program Details**

Program Staff directly involved in assessment \_\_\_\_\_

Number of children enrolled in care \_\_\_\_\_ Ages of children \_\_\_\_\_

Best days/times for an assessment \_\_\_\_\_

**Preference** (please check one) **Full Assessment** (approx. 3 hours) **Partial Assessment**

If you prefer a partial assessment, please indicate the portions of your program you would like to be assessed and why:

\_\_\_\_\_  
\_\_\_\_\_

**Opportunities for Insight**

What aspects of your program do you think are strong?

\_\_\_\_\_  
\_\_\_\_\_

Why do you feel they are strong?

\_\_\_\_\_  
\_\_\_\_\_

What aspects of your program do you think are in need of improvement?

\_\_\_\_\_  
\_\_\_\_\_

Why do you feel they are in need of improvement?

\_\_\_\_\_  
\_\_\_\_\_

What changes would you like to see in your program?

\_\_\_\_\_  
\_\_\_\_\_

Questions or concerns

\_\_\_\_\_  
\_\_\_\_\_

**For Agency Use Only:**

Date Application Approved \_\_\_\_\_ Denied \_\_\_\_\_ Reason \_\_\_\_\_

ITA Specialist Assigned \_\_\_\_\_ Date Assigned \_\_\_\_\_