

## ABC Monitor/Technical Assistance Evaluation Form



Monitor's Name: \_\_\_\_\_

Date of contact: \_\_\_\_\_

Arrival Time: \_\_\_\_\_

Departure Time: \_\_\_\_\_

☐ Accreditation Technical assistance

☐ Monitor Visit

Agency: \_\_\_\_\_

Site name: \_\_\_\_\_

1. Was the process for monitoring or accreditation technical assistance explained to you?

☐ Yes

☐ No

2. Were you given the opportunity to ask questions and provided answers?

☐ Yes

☐ No

3. Was a copy of the compliance plan provided to you? (If Applicable)

☐ Yes

☐ No

☐ N/A

4. If needed, did the Program Monitor/Accreditor offer technical assistance?

☐ Yes

☐ No

☐ N/A

5. If #4 is "no", in what areas do you need additional technical assistance?

6. Was the overall attitude of your Monitor/Accreditor professional and helpful?

☐ Yes

☐ No

7. How can HIPPY Arkansas improve the process of program monitoring/accreditation technical assistance? (Improvement suggestions only, please.)

8. Additional comments:

Signature: \_\_\_\_\_

Phone: \_\_\_\_\_

Title: \_\_\_\_\_

Please return to:

Alta Jones, HIPPY Arkansas

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