

FY18 Go NAP SACC Cover Sheet

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| **Contractor Information** |
| County: | *Choose an item.* | LIA (You!):  | *Choose an item.* |
| Your Name: | Sub-Contractor (if applicable): |
| What is the position of the ECE representative you worked with? |
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| **How did Contractor complete this assessment with the ECE site representative? (check all that apply)** |
| **THE CONTRACTOR FILLED IN ANSWERS IN THE ACTUAL ASSESSMENT:** |
| [ ]  The LIA met with the ECE site director/representative ***face-to-face*** for a Go NAP SACC interview. |
| [ ]  The LIA met with the ECE site director/representative ***over the phone*** for a Go NAP SACC interview. |
| [ ]  The LIA visited the ECE site and performed ***direct observations***. |
| [ ]  The LIA ***reviewed materials*** provided by the ECE site (e.g., ECE policy guide, parent handbooks, menus). |
| [ ]  Other (specify): |
| **THE ECE SITE DIRECTOR/REPRESENTATIVE FILLED IN ANSWERS IN THE ACTUAL ASSESSMENT:** |
| [ ]  The LIA ***emailed*** the Go NAP SACC assessment to the ECE site representative and received it back completed. |
| [ ]  The LIA ***mailed*** the Go NAP SACC assessment to the ECE site representative and received it back completed. |
| [ ]  The LIA ***provided support/TA*** to the ECE site representative to help with completing the assessment. |
| [ ]  The LIA ***did not*** ***provide support/TA*** to the ECE site representative to help with completing the assessment. |
| [ ]  Other (specify): |

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| **Please provide any additional comments below regarding the Go NAP SACC administration/data collection experience.** |
| **You may include things such as challenges in completing the forms, ECE site familiarity with Go NAP SACC, etc.**  |
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**Please return via email or regular mail to:**

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