

NCAST Programs

Teaching Recertification Form

Second Attempt

Name _____
Please Print

City _____

Instructor _____ Present Test Date _____

Directions: Place an X in the box next to each number you rated the caregiver and child a "NO". Repeat for each Teaching Reliability Dyad (#1-5). When you are finished turn this form in to your instructor with your five original Teaching scales attached.

	#1	#2	#3	#4	#5
SENSITIVITY TO CUES	1.				
	2.				
	3.				
	4.				
	5.				
	6.				
	7.				
	8.				
	9.				
	10.				
	11.				
RESPONSE TO CHILD'S DISTRESS	12.				
	13.				
	14.				
	15.				
	16.				
	17.				
	18.				
	19.				
	20.				
	21.				
	22.				
SOCIAL-EMOTIONAL GROWTH FOSTERING	23.				
	24.				
	25.				
	26.				
	27.				
	28.				
	29.				
	30.				
	31.				
	32.				
	33.				
	34.				
	35.				
	36.				

	#1	#2	#3	#4	#5
COGNITIVE GROWTH FOSTERING	37.				
	38.				
	39.				
	40.				
	41.				
	42.				
	43.				
	44.				
	45.				
	46.				
	47.				
CLARITY OF CUES	48.				
	49.				
	50.				
	51.				
	52.				
	53.				
	54.				
	55.				
	56.				
	57.				
	58.				
RESPONSIVENESS TO CAREGIVER	59.				
	60.				
	61.				
	62.				
	63.				
	64.				
	65.				
	66.				
	67.				
	68.				
	69.				
	70.				
	71.				
	72.				
	73.				