



Date

Name of Provider/Center

Street Address

San Francisco, CA Zip

Dear Name of Provider/Center,

This letter is to confirm the following CLASS (Classroom Assessment Scoring System) review at your site:

Date: Tuesday, August 14, 2012

Observation Time: 8:00 am (observer arrives 10 min before start time)

Observer name: Name of Observer

Classroom: Classroom Name

Teachers: Name(s) of Teacher(s)

During my visit I will observe the children's interactions with their care teachers. The information obtained through this observation will be used to complete the CLASS (Classroom Assessment Scoring System) on behalf of [FUNDER NAME]. My observation will last between 2 and four hours, but may take longer depending upon daily schedule or routine.

Enclosed with this letter is a poster/flyer that can be posted at your site to inform parents and other staff of the observation. Additionally, this poster displays my photograph so that I may be easily identified at your site.

Within 30 days of the review, you will receive a CLASS observation report summarizing observation findings. Should you have any questions please contact us at 415.615.3494.

Thank you very much for your time,

Name of Observer

Program Quality Review Observer

San Francisco Quality Connections