



S.A.C.E.R.S. Summary Rating of School-Age Classroom

Applicant _____ Name of Center _____

Mentor Selection Committee Members (names, dates and times of visits):

1. _____
2. _____

Item	Applicant's Rating	Committee Rating	Applicant's Response
1. Indoor space			
2. Space for gross motor activities			
3. Space for privacy			
4. Room arrangement			
a. for homework			
5. Furnishings for routine care			
6. Furnishings for learning/recreational activities			
7. Furnishings for relaxation and comfort			
8. Furnishings for gross motor activities			
9. Access to host facilities			
10. Space to meet personal needs of staff			
11. Space to meet professional needs of staff			
Subtotal			Space and Furnishings
12. Health policy			
13. Health practices			
14. Emergency and safety policy			
15. Safety practice			
16. Attendance			
17. Departure			
18. Meals/snacks			
19. Personal hygiene			
Subtotal			Health and Safety
20. Arts and crafts			
21. Music and movement			
22. Blocks and construction			
23. Drama/theater			
24. Language/reading activities			

Item	Applicant's Rating	Committee Rating	Applicant's Response
25. Math/reasoning activities			
26. Science/nature activities			
27. Cultural awareness			
Subtotal			Activities
28. Greeting/departing			
29. Staff-child interactions			
30. Staff-child communication			
31. Staff supervision of children			
32. Discipline			
33. Peer interactions			
34. Interactions between staff and parents			
35. Staff interaction			
36. Relationship between program staff and classroom teachers			
Subtotal			Interactions
37. Schedule			
38. Free Choice			
39. Relationship between program staff and program host			
40. Use of community resources			
Subtotal			Program Structure
41. Opportunities for professional growth			
42. Staff meetings			
43. Supervision and evaluation of staff			
Subtotal			Staff Development
44. Provisions for exceptional children			
45. Individualization			
46. Multiple opportunities for learning and practicing skills			
47. Engagement			
48. Peer interactions			
49. Promoting communication			
Subtotal			Special Needs Supplementary Items
TOTAL			

Applicant:

Selection Committee Member:

Selection Committee Member:
