

# APPENDIX H

## **APPENDIX H, ESSENTIAL PERSONNEL REFERENCE QUESTIONNAIRE**

### *Essential Personnel Reference*

#### **Purpose of this Questionnaire:**

To obtain feedback from the Key Staff individual's Reference Contacts

#### **This questionnaire is to be completed by:**

The Key Staff individual's Reference Contacts who receive this questionnaire.

#### **Definitions:**

- “Applicant”:** The entity submitting an application in response to RFA 17-18
- “Sub-grantee”:** An entity included in the Applicant's application to whom the Applicant intends to sub-grant
- “Key Staff”:** For purposes of RFA 17-18, Key Staff is the PDO Director/Manager
- “Reference”:** The entity providing the reference information

**The Office of Child Development and Learning (OCDEL) appreciates your participation**

*Your specific responses and comments will be held in strictest confidence*

Applicant Organization where the Key Staff Individual is/was employed:

Reference Organization:

Reference Contact Name & Title:

Reference Contact Signature:

Date:

How long has this individual had a Business Relationship with the Reference Individual? Describe the Program Objectives. Describe this individual's role in the program, the nature of the work this individual completed, and his/her total estimated hours worked on behalf of the Reference Organization and discuss their specific qualifications and capacity to perform their work.

<b>Rating Guideline</b>	
<b>Rating</b>	<b>Description</b>
10, 9	Excellent
8, 7	Very Good
6, 5	Good
4, 3	Fair
2, 1	Poor

**Please Rate this Individual's Performance in the Following Areas**  
**Circle the Applicable Rating**  
**Please explain ratings of 1, 2 or NA in the Comments section below.**

Area	Rating	
1. Proficiency in Managing a Large Program	10 9 8 7 6 5 4 3 2 1	NA
2. Proficiency in Problem Identification and Resolution	10 9 8 7 6 5 4 3 2 1	NA
3. Proficiency in Work Plan Development	10 9 8 7 6 5 4 3 2 1	NA
4. Knowledge of the business area(s) impacted by your program	10 9 8 7 6 5 4 3 2 1	NA
5. Ability to Work with Staff Members From his/her Own Organization	10 9 8 7 6 5 4 3 2 1	NA
6. Ability to Work with Your Organization's Staff	10 9 8 7 6 5 4 3 2 1	NA
7. Written Communication Skills	10 9 8 7 6 5 4 3 2 1	NA
8. Verbal Communication Skills	10 9 8 7 6 5 4 3 2 1	NA
9. Ability to Accept Changes in Direction or Assignments	10 9 8 7 6 5 4 3 2 1	NA
10. Adherence to Established Procedures, Policies, and Methodologies	10 9 8 7 6 5 4 3 2 1	NA
Area	Rating	
11. Initiative with respect to degree of direction/monitoring required	10 9 8 7 6 5 4 3 2 1	NA
12. How Successful is/was this Individual in Accomplishing Your Program Goals	10 9 8 7 6 5 4 3 2 1	NA
13. How Successful is/was this Individual in Completing Your Program Requirements in Prescribed Timeframes	10 9 8 7 6 5 4 3 2 1	NA
14. How would you rate this individual on their ability to partner with institutions of higher education or community-based organizations?	10 9 8 7 6 5 4 3 2 1	NA
15. How would you rate this individual on their ability to engage early care and education teachers in pursuing higher education?	10 9 8 7 6 5 4 3 2 1	NA
16. How would you rate this individual on the ability to equitably provide counseling and referral services to early care and education teachers seeking degrees?	10 9 8 7 6 5 4 3 2 1	NA
17. Ability to successfully understand and navigate Pennsylvania's early care and education professional development system?	10 9 8 7 6 5 4 3 2 1	NA
18. Individual's overall performance	10 9 8 7 6 5 4 3 2 1	NA
19. Would you accept this Individual to work on future Contracts/Projects with your Organization? (10 = absolutely would; 1 = absolutely would not)	10 9 8 7 6 5 4 3 2 1	NA
20. How would you rate this individual on managing budgets in a manner that maximizes expenditures, available funds, and encumbrances?	10 9 8 7 6 5 4 3 2 1	NA

1) Please explain ratings of 1, 2 or NA (Indicate the number of each of the areas on which you are commenting):

2) Any Other Comments: