

APPENDIX H

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RFA #17-18 Early Care and Education Professional Development Organizations

Essential Personnel Reference Questionnaire

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 are the PDO Director/Manager
- "Reference":** The entity providing the reference information

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

Your specific responses and comments will be held in strictest confidence

Applicant/Sub-grantee Organization where the Key Staff Individual is/was Employed:

Applicant/Sub-grantee's Essential Staff Individual about whom this information is provided:

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.

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Rating Guideline	
Rating	Description
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 N/A in the Comments section below.

Area	Rating	
1. Proficiency in Managing a Large Program	10 9 8 7 6 5 4 3 2 1	N/A
2. Proficiency in Managing a Large Staff	10 9 8 7 6 5 4 3 2 1	N/A
3. Proficiency in Problem Identification and Resolution	10 9 8 7 6 5 4 3 2 1	N/A
4. Proficiency in Work Plan Development	10 9 8 7 6 5 4 3 2 1	N/A
5. Knowledge of the business area(s) impacted by your program	10 9 8 7 6 5 4 3 2 1	N/A
6. Ability to Work with Staff Members From his/her Own Organization	10 9 8 7 6 5 4 3 2 1	N/A
7. Ability to Work with Other Programs' Staff Members	10 9 8 7 6 5 4 3 2 1	N/A
8. Ability to Work with Your Management Team	10 9 8 7 6 5 4 3 2 1	N/A
9. Ability to Work with Your Organization's Staff	10 9 8 7 6 5 4 3 2 1	N/A
10. Written Communication Skills	10 9 8 7 6 5 4 3 2 1	N/A
11. Verbal Communication Skills	10 9 8 7 6 5 4 3 2 1	N/A
12. Attitude with which Assignments are Accepted	10 9 8 7 6 5 4 3 2 1	N/A
13. Ability to Accept Changes in Direction or Assignments	10 9 8 7 6 5 4 3 2 1	N/A
14. Flexibility and Ease to Work with when Accepting Direction	10 9 8 7 6 5 4 3 2 1	N/A
15. Adherence to Established Procedures, Policies, and Methodologies	10 9 8 7 6 5 4 3 2 1	N/A

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Area	Rating	
16. Initiative with respect to degree of direction/monitoring required	10 9 8 7 6 5 4 3 2 1	N/A
17. How Successful is/was this Individual in Accomplishing Your Program Goals	10 9 8 7 6 5 4 3 2 1	N/A
18. How Successful was this individual in administering a human services program	10 9 8 7 6 5 4 3 2 1	N/A
19. How would you rate this individual on their ability to accurately and timely submit reports	10 9 8 7 6 5 4 3 2 1	N/A
20. How Successful is/was this Individual in Completing Your Program Requirements in Prescribed Timeframes	10 9 8 7 6 5 4 3 2 1	N/A
21. How would you rate this individual on their ability to perform eligibility determinations accurately and timely	10 9 8 7 6 5 4 3 2 1	N/A
22. How would you rate this individual on their ability to issue timely and accurate provider payments	10 9 8 7 6 5 4 3 2 1	N/A
23. How would you rate this individual on the ability to provide counseling and referral services	10 9 8 7 6 5 4 3 2 1	N/A
24. Ability to successfully understand and utilize a state-wide eligibility system	10 9 8 7 6 5 4 3 2 1	N/A
25. 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	N/A
26. How would you rate this individual on performing data entry	10 9 8 7 6 5 4 3 2 1	N/A
27. Individual's overall performance	10 9 8 7 6 5 4 3 2 1	N/A
28. Would you recommend this Individual to another agency or company?	10 9 8 7 6 5 4 3 2 1	N/A
29. (10 = absolutely would; 1 = absolutely would not)		
30. 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	N/A

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1. Please explain ratings of 1, 2 or NA. Please indicate the number of each of the areas on which you are commenting.

2) Any Other Comments: