**TEACHING-FAMILY ASSOCIATION**

**ANNUAL ACCREDITATION REVIEW/SITE DIRECTOR’S REPORT**

Electronic forms are included within this document for submission of all the necessary data. After downloading the form to your computer, simply enter the fields with the requested information. You can copy and paste your agency director’s narrative and agency description as long as it is in Microsoft Word. Once you’ve completed the application, save it and name it in a manner that clearly identifies it (e.g., Adriel\_Annual\_2007.doc). Then, submit it via email attachment to [mrboguslofski@gmail.com](mailto:mrboguslofski@gmail.com)

**COVER SHEET**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| NAME OF AGENCY: | | |  | | | | | |
| AGENCY DIRECTOR(S): | | |  | | | | | |
| DATE OF ORIGINAL TFA ACCREDITATION: | | |  | | | | | |
| CHECKLIST FOR COMPLETION OF SITE DIRECTOR’S REPORT  1.  COVER SHEET (This page)  2.  AGENCY RESPONSIBILITIES ASSURANCES AGREEMENT  3.  AGENCY DIRECTOR’S NARRATIVE  4.  AGENCY DESCRIPTION  5.  PRACTITIONER SATISFACTION DISTRIBUTION OF SCORES SUMMARY CHART  6.  SUBMIT COMPLETED APPLICATION TO TFA OFFICE ([peggymcelgunn@comcast.net](mailto:peggymcelgunn@comcast.net))  ) | | | | | | | | |
|  | | | | | | | | |
| PERSON TO BE CONTACTED IF THERE ARE QUESTIONS ABOUT THE REPORT: | | | | | | | | |
| NAME: | |  | | | | | | |
| PHONE: | |  | | | | | | |
| The member agency is renewing status as a Accredited member of TFA: applying for Accreditation as a: (check one) | | | | | | | | |
| Accredited Member Agency (an agency that provides administrative  services and two of the three Teaching-Family Model Integrated  Systems and contracts with a sponsor agency for the third)  Accredited Sponsor Member Agency (an agency that provides all  integrated systems) | | | | | | |  | |
|  | | | | | | | | |
|  |  | | |  |  |  | |  |
|  | Date of Application | | |  |  | Agency Director's Signature | |  |

**TEACHING-FAMILY ASSOCIATION**

**AGENCY RESPONSIBILITIES ASSURANCES AGREEMENT**

Member Agencies of the Teaching-Family Association agree to participate in the goals and objectives of the organization. Directors of Member Agencies are responsible for the participation of their agency. The submission of the Initial Application for Agency Accreditation materials and the Agency Director's signature on this agreement serve as an assurance that the agency has fulfilled the following obligations.

1. The agency has provided each new TFA program employee a copy of Standards of Ethical Conduct of the Teaching-Family Association and has provided accompanying formal instruction on the implementation of those Standards. This information has been provided to all employees as a function of the agency's membership in the Association rather than as a function of the employee's membership in the Association.

2. The agency has abided by all Standards of Ethical Conduct of the Association.

3. The agency has participated in the work of the Association by providing a representative to the Accreditation and ethics committee and volunteers for other standing committees.

4. The agency has provided immediate notification to the Board of Directors and the appropriate standing committee chairpersons of new developing agency affiliations and disaffiliations.

5. The agency has paid annual agency dues in accordance with Association policy.

6. The agency has maintained the Association documentation and materials assigned to the agency and ensured that appropriate administrative personnel at the agency are thoroughly familiar with the materials and their evolution.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| As the Agency Director for | |  | | | , |
|  | | (Agency Name) | | |  |
| I commit my agency to the preceding assurances. | | | | | |
|  |  | |  |  |  |
|  | Date | |  | (Print Agency Director’s Name) |  |
|  | This Area to be Filled in by TFA Office  Dues Payment Received from Agency  YES Date \_\_\_\_\_\_\_\_\_\_\_  No | |  |  |  |
|  |  | |  | Signature of Agency Director |  |
|  | Exec. Director Initials \_\_\_\_\_\_\_\_\_ | |  |  |  |

#### AGENCY DIRECTOR’S NARRATIVE

[Note: Microsoft Word documents can be copied and pasted into the field below. Remember to include actions taken in response to any recommendations that might have been included in your last on-site review and/or previous annual review. Review significant agency activities and developments during the report year, and include information about all TFA programs the site develops/implements. (eg. Staffing changes, program expansions, reorganizations, system changes)]

AGENCY DESCRIPTION

[Copy and paste any Microsoft Word version of your agency description into the field below. If you have previously used the electronic Accreditation application forms provided on the TFA website, you can simply copy and paste from your previous application, and update if needed.]

#### TEACHING-FAMILY ASSOCIATION

#### PRACTITIONER CONSUMER SATISFACTION-DISTRIBUTION OF SCORES SUMMARY

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Agency: |  | | | |  | | |
|  | | | | | | | |
| Program: |  | | | | |  | |
|  | | | | | | | |
| Number Sent: | |  | |  |  | | **Rating of Satisfaction** |
|  | | | | | | | 4 = Extremely Satisfied |
| Number Responded: | | |  |  |  | | 3 = Satisfied  2 = Needs Improvement |
|  | | | | | | | 1 = Dissatisfied |
| Report Date: | |  | |  |  | | IIR = Insufficient Information to Respond |
|  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Components Evaluated**  Satisfaction with: | **Average Score** | **Extremely Satisfied**  **(4)** | **Satisfied**  **(3)** | **Needs Improvement**  **(2)** | **Dissatisfied**  **(1)** | **IIR** |
| Overall Job Satisfaction |  |  |  |  |  |  |
| Administrative Services |  |  |  |  |  |  |
| Consultation/Supervision |  |  |  |  |  |  |
| Training Received |  |  |  |  |  |  |
| Frequency Asked Input on Treatment, Program, Admin |  |  |  |  |  |  |
| Evaluation Services |  |  |  |  |  |  |
| Vacation, Personal Needs, Scheduling Needs Met |  |  |  |  |  |  |
| Professional Development Opportunities |  |  |  |  |  |  |
| Professionalism and Access to Support Staff |  |  |  |  |  |  |

OUTCOMES INFORMATION

Outcomes are vitally important to track. Not only are funders requiring information, outcomes provide necessary information for quality improvement. TFA recognizes there are variety of tools and measures through which to track agency outcomes. In an effort to begin to gather information which could be used collectively, please use the tool below to guide your agency’s outcomes. If your agency collects different data points both for funders as well as your own quality improvement efforts, please share this information, as well.