



ASU Childhood Services



Request for Director/Administrator Consultation

INSTRUCTIONS: Complete all sections of this form using your computer. Once complete, use the buttons at the top of this page to PRINT copies. You may then either mail the form or use the other button to SUBMIT BY E-MAIL. If you print this form and mail it, send form to: Paul Lazenby, c/o ASU Childhood Services, P.O. Box 251512, Little Rock, AR 72225-1512. If you have any questions, call 501-660-1002 or e-mail questions to plazenby@astate.edu.

Administering Agency _____

Site Name _____ License # _____

Program Director _____ E-mail _____

Telephone _____ Fax _____

Licensing Specialist _____ County _____

Physical Site Address:

Mailing Address

Street _____

Street/P.O. Box _____

City _____ State ^{AR} Zip _____

City _____ State Zip _____

Years of Operation _____ Hours of Operation _____ to _____ Licensing Capacity _____

Children Enrolled _____ # of Staff _____ Yrs. Experience as Director _____

Type of Consultation Requested:

- Budget/Finances
- Organization and Record Keeping
- Recruitment, Interviewing and Hiring
- Personnel Management
- Staff Qualifications/Staffing Configurations

- Risk Management
- Provider-Parent Communications
- Marketing and Public Relations
- Community Outreach
- Other: _____

Briefly explain the areas of concern and how we can best help you:

Request Submitted by _____ Title _____

Telephone Number _____ Date _____

To be completed by Childhood Services

Rec'd on _____ Contacted on _____ Scheduled on _____ Completed _____