



S U M M A R Y
LEARNING CENTER INFORMATION AND EVALUATION FORM
for

(SCHOOL NAME)

(DATE OF VISIT)

	<i>NAME OF THE LEARNING CENTER</i>	<i>SCORE</i>	<i>EQUIVALENCY RATING</i>
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

COMMENTS/SUGGESTIONS:

PREPARED BY: _____
(SIGNATURE OVER PRINTED NAME)