ParentChild+
Equal Possibilities From The Start

# Early Learning Specialist's VISM Evaluation Form

**Early Learning Specialist: _____Program #: _____**

Please keep an ongoing record of your opinion of each VISM and your recommendations for future use. Check whether you wish the VISM retained, dropped, or used as an alternate. Please put additional comments on the other side if necessary.

| VISM | RETAIN | DROP | COMMENTS |
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