Classroom/Group Information Form

- Please complete this form for each group at your program and have ready for the assessor(s) when they arrive for the assessment.
- If there are two groups in one classroom list each group on a separate form. Please include information for all children enrolled in the group, including part-time children.  Thank you!

Facility name: ____________________________   Today’s date: ____________________________
Classroom name (or age group): ____________________________   Lead teacher: ____________________________
Number of children enrolled: __________   Maximum # of children you will allow in this group: __________
Youngest child’s birth date: __/__/__   Oldest child’s birth date: __/__/__

Based on the group’s current enrollment, please indicate the number of children for each demographic item below. Leave blank if none:

- Infants 0-5 months: __________
- Infants 6-11 months: __________
- Toddlers 12-17 months: __________
- Toddlers 18-23 months: __________
- Two’s 24-29 months: __________
- Two’s 30-35 months: __________
- 3 years: __________
- 4 years: __________
- 5 years: __________
- 6 years: __________
- 7 years: __________
- 8 years: __________
- 9 years: __________
- 10 years: __________
- 11 years: __________
- 12 years: __________
- 13 years/older: __________

Boys: __________   Girls: __________

- African American/African: __________
- White/ European: __________
- Native American: __________
- Latino/Hispanic: __________
- Asian/Pacific Islander: __________
- Other: __________

How many children:

- Are new to the classroom/group within past month? ________
- Do not speak English as their primary language? ________
- Are receiving free or reduced tuition (e.g., subsidy, Head Start, NC-Pre-K, etc.)? ________
  If applicable, how many are in NC Pre-K slots? ________
- Have a diagnosed disability? ________

For each child with a diagnosed disability, please complete the following:

<table>
<thead>
<tr>
<th>Type of disability</th>
<th>How does the child’s teacher describe the disability?</th>
<th>Check if child has an IFSP or IEP</th>
<th>Where are services provided to the child?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>☐ Mild  ☐ Moderate  ☐ Severe</td>
<td>☐</td>
<td>☐ Mostly inside the room  ☐ Mostly outside the room  ☐ Inside and outside the room  ☐ No special services provided  ☐ NA/ Unknown</td>
</tr>
<tr>
<td>2.</td>
<td>☐ Mild  ☐ Moderate  ☐ Severe</td>
<td>☐</td>
<td>☐ Mostly inside the room  ☐ Mostly outside the room  ☐ Inside and outside the room  ☐ No special services provided  ☐ NA/ Unknown</td>
</tr>
<tr>
<td>3.</td>
<td>☐ Mild  ☐ Moderate  ☐ Severe</td>
<td>☐</td>
<td>☐ Mostly inside the room  ☐ Mostly outside the room  ☐ Inside and outside the room  ☐ No special services provided  ☐ NA/ Unknown</td>
</tr>
<tr>
<td>4.</td>
<td>☐ Mild  ☐ Moderate  ☐ Severe</td>
<td>☐</td>
<td>☐ Mostly inside the room  ☐ Mostly outside the room  ☐ Inside and outside the room  ☐ No special services provided  ☐ NA/ Unknown</td>
</tr>
</tbody>
</table>

☐ Check if this classroom/group has 5 or more children with diagnosed disabilities. Please continue on back ➔

Classroom information form (1-7-20).docx

ASMT ID (NCRLAP use only) ________