

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. **Thankyou!**

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

Boys: _____ Girls: _____

African American/African: _____	Latino/Hispanic: _____
White/ European: _____	Asian/Pacific Islander: _____
Native American: _____	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:

Type of disability	How does the child's teacher describe the disability?	Check if child has an IFSP or IEP	Where are services provided to the child?
1.	<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe	<input type="checkbox"/>	<input type="checkbox"/> Mostly inside the room <input type="checkbox"/> No special services provided <input type="checkbox"/> Mostly outside the room <input type="checkbox"/> NA/ Unknown <input type="checkbox"/> Inside and outside the room
2.	<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe	<input type="checkbox"/>	<input type="checkbox"/> Mostly inside the room <input type="checkbox"/> No special services provided <input type="checkbox"/> Mostly outside the room <input type="checkbox"/> NA/ Unknown <input type="checkbox"/> Inside and outside the room
3.	<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe	<input type="checkbox"/>	<input type="checkbox"/> Mostly inside the room <input type="checkbox"/> No special services provided <input type="checkbox"/> Mostly outside the room <input type="checkbox"/> NA/ Unknown <input type="checkbox"/> Inside and outside the room
4.	<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe	<input type="checkbox"/>	<input type="checkbox"/> Mostly inside the room <input type="checkbox"/> No special services provided <input type="checkbox"/> Mostly outside the room <input type="checkbox"/> NA/ Unknown <input type="checkbox"/> Inside and outside the room

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