

Classroom Information Form



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

Facility name: _____ Today's date: _____
 Room name (or age group): _____ Lead teacher: _____
 # of children enrolled: _____ Maximum # of children you will allow in this classroom: _____ # of children receiving subsidy: _____

Child's Name (first name, last initial)	Birthday (MM/DD/YY)	Sex	Ethnic descent (Please check one)			English is NOT child's first language	Has diagnosed disability
1.	/ /	<input type="checkbox"/> Boy <input type="checkbox"/> Girl	<input type="checkbox"/> African Amer./African <input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> Latino/Hispanic <input type="checkbox"/> Native Amer.	<input type="checkbox"/> White/European <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
2.	/ /	<input type="checkbox"/> Boy <input type="checkbox"/> Girl	<input type="checkbox"/> African Amer./African <input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> Latino/Hispanic <input type="checkbox"/> Native Amer.	<input type="checkbox"/> White/European <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
3.	/ /	<input type="checkbox"/> Boy <input type="checkbox"/> Girl	<input type="checkbox"/> African Amer./African <input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> Latino/Hispanic <input type="checkbox"/> Native Amer.	<input type="checkbox"/> White/European <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
4.	/ /	<input type="checkbox"/> Boy <input type="checkbox"/> Girl	<input type="checkbox"/> African Amer./African <input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> Latino/Hispanic <input type="checkbox"/> Native Amer.	<input type="checkbox"/> White/European <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
5.	/ /	<input type="checkbox"/> Boy <input type="checkbox"/> Girl	<input type="checkbox"/> African Amer./African <input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> Latino/Hispanic <input type="checkbox"/> Native Amer.	<input type="checkbox"/> White/European <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
6.	/ /	<input type="checkbox"/> Boy <input type="checkbox"/> Girl	<input type="checkbox"/> African Amer./African <input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> Latino/Hispanic <input type="checkbox"/> Native Amer.	<input type="checkbox"/> White/European <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
7.	/ /	<input type="checkbox"/> Boy <input type="checkbox"/> Girl	<input type="checkbox"/> African Amer./African <input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> Latino/Hispanic <input type="checkbox"/> Native Amer.	<input type="checkbox"/> White/European <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
8.	/ /	<input type="checkbox"/> Boy <input type="checkbox"/> Girl	<input type="checkbox"/> African Amer./African <input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> Latino/Hispanic <input type="checkbox"/> Native Amer.	<input type="checkbox"/> White/European <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
9.	/ /	<input type="checkbox"/> Boy <input type="checkbox"/> Girl	<input type="checkbox"/> African Amer./African <input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> Latino/Hispanic <input type="checkbox"/> Native Amer.	<input type="checkbox"/> White/European <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
10.	/ /	<input type="checkbox"/> Boy <input type="checkbox"/> Girl	<input type="checkbox"/> African Amer./African <input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> Latino/Hispanic <input type="checkbox"/> Native Amer.	<input type="checkbox"/> White/European <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
11.	/ /	<input type="checkbox"/> Boy <input type="checkbox"/> Girl	<input type="checkbox"/> African Amer./African <input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> Latino/Hispanic <input type="checkbox"/> Native Amer.	<input type="checkbox"/> White/European <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
12.	/ /	<input type="checkbox"/> Boy <input type="checkbox"/> Girl	<input type="checkbox"/> African Amer./African <input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> Latino/Hispanic <input type="checkbox"/> Native Amer.	<input type="checkbox"/> White/European <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
13.	/ /	<input type="checkbox"/> Boy <input type="checkbox"/> Girl	<input type="checkbox"/> African Amer./African <input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> Latino/Hispanic <input type="checkbox"/> Native Amer.	<input type="checkbox"/> White/European <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
14.	/ /	<input type="checkbox"/> Boy <input type="checkbox"/> Girl	<input type="checkbox"/> African Amer./African <input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> Latino/Hispanic <input type="checkbox"/> Native Amer.	<input type="checkbox"/> White/European <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
15.	/ /	<input type="checkbox"/> Boy <input type="checkbox"/> Girl	<input type="checkbox"/> African Amer./African <input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> Latino/Hispanic <input type="checkbox"/> Native Amer.	<input type="checkbox"/> White/European <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
16.	/ /	<input type="checkbox"/> Boy <input type="checkbox"/> Girl	<input type="checkbox"/> African Amer./African <input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> Latino/Hispanic <input type="checkbox"/> Native Amer.	<input type="checkbox"/> White/European <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
17.	/ /	<input type="checkbox"/> Boy <input type="checkbox"/> Girl	<input type="checkbox"/> African Amer./African <input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> Latino/Hispanic <input type="checkbox"/> Native Amer.	<input type="checkbox"/> White/European <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
18.	/ /	<input type="checkbox"/> Boy <input type="checkbox"/> Girl	<input type="checkbox"/> African Amer./African <input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> Latino/Hispanic <input type="checkbox"/> Native Amer.	<input type="checkbox"/> White/European <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
19.	/ /	<input type="checkbox"/> Boy <input type="checkbox"/> Girl	<input type="checkbox"/> African Amer./African <input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> Latino/Hispanic <input type="checkbox"/> Native Amer.	<input type="checkbox"/> White/European <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
20.	/ /	<input type="checkbox"/> Boy <input type="checkbox"/> Girl	<input type="checkbox"/> African Amer./African <input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> Latino/Hispanic <input type="checkbox"/> Native Amer.	<input type="checkbox"/> White/European <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>

Check this box if this classroom has 21 or more children. Please continue on back →

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

Type of disability	How would the child's teacher describe their 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"/> Mostly outside the room <input type="checkbox"/> Inside and outside the room	<input type="checkbox"/> No special services provided <input type="checkbox"/> N/A or Unknown
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"/> Mostly outside the room <input type="checkbox"/> Inside and outside the room	<input type="checkbox"/> No special services provided <input type="checkbox"/> N/A or Unknown

Check this box if this classroom has 3 or more children with diagnosed disabilities. Please continue on back →

For assessor use: Y: / / B: ___ AA: ___ LH: ___ W/E: ___ ESL: ___ Dis: ___
 O: / / G: ___ API: ___ NA: ___ O: ___ I: ___ T: ___ P: ___ SA: ___

Page 2: Classroom Information Form

Complete the other side first!

Only complete this page if your classroom has 21 or more children and/or three or more children with diagnosed disabilities.

Facility name: _____

Room name (or age group): _____

Child's Name <small>(first name, last initial)</small>	Birthday <small>(MM/DD/YY)</small>	Sex	Ethnic descent <small>(Please check one)</small>			English is NOT child's first language	Has diagnosed disability
21.	/ /	<input type="checkbox"/> Boy <input type="checkbox"/> Girl	<input type="checkbox"/> African Amer./African <input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> Latino/Hispanic <input type="checkbox"/> Native Amer.	<input type="checkbox"/> White/European <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
22.	/ /	<input type="checkbox"/> Boy <input type="checkbox"/> Girl	<input type="checkbox"/> African Amer./African <input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> Latino/Hispanic <input type="checkbox"/> Native Amer.	<input type="checkbox"/> White/European <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
23.	/ /	<input type="checkbox"/> Boy <input type="checkbox"/> Girl	<input type="checkbox"/> African Amer./African <input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> Latino/Hispanic <input type="checkbox"/> Native Amer.	<input type="checkbox"/> White/European <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
24.	/ /	<input type="checkbox"/> Boy <input type="checkbox"/> Girl	<input type="checkbox"/> African Amer./African <input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> Latino/Hispanic <input type="checkbox"/> Native Amer.	<input type="checkbox"/> White/European <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
25.	/ /	<input type="checkbox"/> Boy <input type="checkbox"/> Girl	<input type="checkbox"/> African Amer./African <input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> Latino/Hispanic <input type="checkbox"/> Native Amer.	<input type="checkbox"/> White/European <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
26.	/ /	<input type="checkbox"/> Boy <input type="checkbox"/> Girl	<input type="checkbox"/> African Amer./African <input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> Latino/Hispanic <input type="checkbox"/> Native Amer.	<input type="checkbox"/> White/European <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
27.	/ /	<input type="checkbox"/> Boy <input type="checkbox"/> Girl	<input type="checkbox"/> African Amer./African <input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> Latino/Hispanic <input type="checkbox"/> Native Amer.	<input type="checkbox"/> White/European <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
28.	/ /	<input type="checkbox"/> Boy <input type="checkbox"/> Girl	<input type="checkbox"/> African Amer./African <input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> Latino/Hispanic <input type="checkbox"/> Native Amer.	<input type="checkbox"/> White/European <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
29.	/ /	<input type="checkbox"/> Boy <input type="checkbox"/> Girl	<input type="checkbox"/> African Amer./African <input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> Latino/Hispanic <input type="checkbox"/> Native Amer.	<input type="checkbox"/> White/European <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
30.	/ /	<input type="checkbox"/> Boy <input type="checkbox"/> Girl	<input type="checkbox"/> African Amer./African <input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> Latino/Hispanic <input type="checkbox"/> Native Amer.	<input type="checkbox"/> White/European <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
31.	/ /	<input type="checkbox"/> Boy <input type="checkbox"/> Girl	<input type="checkbox"/> African Amer./African <input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> Latino/Hispanic <input type="checkbox"/> Native Amer.	<input type="checkbox"/> White/European <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
32.	/ /	<input type="checkbox"/> Boy <input type="checkbox"/> Girl	<input type="checkbox"/> African Amer./African <input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> Latino/Hispanic <input type="checkbox"/> Native Amer.	<input type="checkbox"/> White/European <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
33.	/ /	<input type="checkbox"/> Boy <input type="checkbox"/> Girl	<input type="checkbox"/> African Amer./African <input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> Latino/Hispanic <input type="checkbox"/> Native Amer.	<input type="checkbox"/> White/European <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
34.	/ /	<input type="checkbox"/> Boy <input type="checkbox"/> Girl	<input type="checkbox"/> African Amer./African <input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> Latino/Hispanic <input type="checkbox"/> Native Amer.	<input type="checkbox"/> White/European <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
35.	/ /	<input type="checkbox"/> Boy <input type="checkbox"/> Girl	<input type="checkbox"/> African Amer./African <input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> Latino/Hispanic <input type="checkbox"/> Native Amer.	<input type="checkbox"/> White/European <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>

Check this box if this classroom has 36 or more children. Stop here and wait for further instructions by the assessor.

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

Type of disability	How would the child's teacher describe their disability?	Check if child has an IFSP or IEP	Where are services provided to the child?	
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"/> Mostly outside the room <input type="checkbox"/> Inside and outside the room	<input type="checkbox"/> No special services provided <input type="checkbox"/> N/A or Unknown
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"/> Mostly outside the room <input type="checkbox"/> Inside and outside the room	<input type="checkbox"/> No special services provided <input type="checkbox"/> N/A or Unknown
5.	<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"/> Mostly outside the room <input type="checkbox"/> Inside and outside the room	<input type="checkbox"/> No special services provided <input type="checkbox"/> N/A or Unknown
6.	<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"/> Mostly outside the room <input type="checkbox"/> Inside and outside the room	<input type="checkbox"/> No special services provided <input type="checkbox"/> N/A or Unknown
7.	<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"/> Mostly outside the room <input type="checkbox"/> Inside and outside the room	<input type="checkbox"/> No special services provided <input type="checkbox"/> N/A or Unknown

Check this box if this classroom has 8 or more children with diagnosed disabilities, stop here and wait for further instructions by the assessor.