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.

NCRLAP

Facility name: _____ Facility ID#: _____

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: ____ / ____ / ____

Does this program participate in the CACFP (food plan)? **Y / N**

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

Infants 0-5 months: _____	6 years: _____	Boys: _____	African American/African: _____
Infants 6-11 months: _____	7 years: _____	Girls: _____	White/ European: _____
Toddlers 12-17 months: _____	8 years: _____	Other: _____	Native American: _____
Toddlers 18-23 months: _____	9 years: _____	Prefer not to respond: _____	Latino/Hispanic: _____
Two's 24-29 months: _____	10 years: _____		Asian/Pacific Islander: _____
Two's 30-35 months: _____	11 years: _____		Other: _____
3 years: _____	12 years: _____		Prefer not to respond: _____
4 years: _____	13 years + : _____		
5 years: _____			

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 their disability?	Check if child has an ISFP or IEP	Where are services provided to the child?
1.	☐ Mild ☐ Moderate ☐ Severe	☐	☐ Mostly inside the room ☐ No services provided ☐ Mostly outside the room ☐ N/A Unknown
2.	☐ Mild ☐ Moderate ☐ Severe	☐	☐ Mostly inside the room ☐ No services provided ☐ Mostly outside the room ☐ N/A Unknown
3.	☐ Mild ☐ Moderate ☐ Severe	☐	☐ Mostly inside the room ☐ No services provided ☐ Mostly outside the room ☐ N/A Unknown
4.	☐ Mild ☐ Moderate ☐ Severe	☐	☐ Mostly inside the room ☐ No services provided ☐ Mostly outside the room ☐ N/A Unknown

☐ Check if this classroom/group has 5 or more children with diagnosed disabilities. If more space is needed, use an additional page.