

# 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.

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 current enrollment for this group, please indicate the number of children for each demographic 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: _____		Native American: _____
Toddlers 18-23 months: _____	9 years: _____		Latino/Hispanic: _____
Two's 24-29 months: _____	10 years: _____		Asian/Pacific Islander: _____
Two's 30-35 months: _____	11 years: _____		Other: _____
3 years: _____	12 years: _____		
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.	<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 services provided <input type="checkbox"/> Mostly outside the room <input type="checkbox"/> N/A 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"/> No services provided <input type="checkbox"/> Mostly outside the room <input type="checkbox"/> N/A Unknown
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 services provided <input type="checkbox"/> Mostly outside the room <input type="checkbox"/> N/A 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"/> No services provided <input type="checkbox"/> Mostly outside the room <input type="checkbox"/> 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.