

Program:



RI Department of Education
**COMPREHENSIVE
 EARLY CHILDHOOD
 EDUCATION**

Classroom Information Form

Please complete and  email one form per applicant classroom.

Classroom/Designated Space Name: _____

Hours: Please complete the fields below. Classrooms operating split sessions use both grids.

	Monday	Tuesday	Wednesday	Thursday	Friday
Opening Time					
Closing Time					

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Opening Time					
Closing Time					

Licensed Capacity in Classroom:

Age Group(s) & Enrollment Count in the Classroom

Please check the age range and enter the number of children enrolled in the classroom.

Preschool _____ # enrolled Kindergarten _____ # enrolled

Educational Staff Assigned to this Classroom

Educational Staff includes Teachers, Teaching Assistants and Substitutes. Please submit the appropriate Staff Credential Form and required documentation (if applicable).

Title	First Name	Last Name	Maiden Name or Alias	Date of Birth	Work Hours & Days	Active First Aid Certified	Active Pediatric CPR Certified	Staff Credential Form Submitted
Teacher						Y N	Y N	Y N
Teacher						Y N	Y N	Y N
Teacher						Y N	Y N	Y N
Teacher Assistant						Y N	Y N	Y N
Teacher Assistant						Y N	Y N	Y N
Teacher Assistant						Y N	Y N	Y N
Substitute						Y N	Y N	Y N

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Substitute						Y N	Y N	Y N
Substitute						Y N	Y N	Y N

Other Adults Regularly in the Classroom (e.g., foster grandparents, volunteers, AmeriCorps members, family members).

Name	Title	Hours/Week in this classroom

Classroom Observations

Has this teaching team/classroom had a reliable ECERS observation in the last 30 months?

- NO
- YES

Purpose: _____ Date: _____ Score: _____

Has this teaching team/classroom had a reliable CLASS observation in the last 30 months?

- NO
- YES

Purpose: _____ Date: _____

Classroom Schedule

Please  **email a daily schedule** and  **email a weekly staff schedule** for this classroom/program space.