

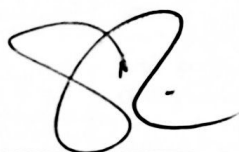
3. Classroom Checklist

Name of Teacher / Room #	
Age of Children	
Number of Children	
Number of Staff	

S No.	Questions	Answer	Comments

4. Ad Hoc Deficiency

S No.	Deficiency
-------	------------



Provider's Signature