Children with Disabilities or Special Needs Information Form

When there are more than 4 children with disabilities or identified special needs enrolled, please use the additional rows below to provide the following information for each child.

NCRLAP

Facility name: _____   Today's date: _____

Classroom name (or age group): _____   Lead teacher: _____

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 ☐ Mostly outside the room	☐ No special services provided ☐ N/A Unknown
2.	☐ Mild ☐ Moderate ☐ Severe	☐	☐ Mostly inside the room ☐ Mostly outside the room	☐ No special services provided ☐ N/A Unknown
3.	☐ Mild ☐ Moderate ☐ Severe	☐	☐ Mostly inside the room ☐ Mostly outside the room	☐ No special services provided ☐ N/A Unknown
4.	☐ Mild ☐ Moderate ☐ Severe	☐	☐ Mostly inside the room ☐ Mostly outside the room	☐ No special services provided ☐ N/A Unknown
5.	☐ Mild ☐ Moderate ☐ Severe	☐	☐ Mostly inside the room ☐ Mostly outside the room	☐ No special services provided ☐ N/A Unknown
6.	☐ Mild ☐ Moderate ☐ Severe	☐	☐ Mostly inside the room ☐ Mostly outside the room	☐ No special services provided ☐ N/A Unknown
7.	☐ Mild ☐ Moderate ☐ Severe	☐	☐ Mostly inside the room ☐ Mostly outside the room	☐ No special services provided ☐ N/A Unknown
8.	☐ Mild ☐ Moderate ☐ Severe	☐	☐ Mostly inside the room ☐ Mostly outside the room	☐ No special services provided ☐ N/A Unknown
9.	☐ Mild ☐ Moderate ☐ Severe	☐	☐ Mostly inside the room ☐ Mostly outside the room	☐ No special services provided ☐ N/A Unknown
10.	☐ Mild ☐ Moderate ☐ Severe	☐	☐ Mostly inside the room ☐ Mostly outside the room	☐ No special services provided ☐ N/A Unknown