**ATTACHMENT A.2**

**CLASSROOM SELECTION FORM**

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| OMB No: 0970-0355Expiration Date: 1/31/15 **Head Start Family and Child Experiences Survey Pilot Study****Classroom Selection Form** |
| Program: |  |  |
| Address: |  | Phone: |  |  |
| City: |  | State: |  | Fax: |  |  |
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| ***Selected Center 1:* [INSERT CENTER 1 NAME]**Center Director: Address 1: Address 2: Phone: Fax: Email Address:  | ***Selected Center 2:* [INSERT CENTER 2 NAME]**Center Director: Address 1: Address 2: Phone: Fax: Email Address:  |

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| **Now that centers in your program have been selected for participation in the FACES Pilot Study, we need some information about the classrooms in each of the selected centers. We will use this information to select two classrooms in each center for participation.**1. Please confirm all contact information pre-filled above for your program and the selected centers.
2. On page 2, list each classroom currently in operation at each selected center.
3. Return the completed form to your Mathematica Coordinator no later than **[DATE]**.
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| ***Mathematica Coordinator:***Name: Address 1: Address 2: Phone: Fax: Email Address:  | ***On-Site Coordinator:***Name: Address 1: Address 2: Phone: Fax: Email Address:  |

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| **BOX A. CLASSROOMS AT [INSERT CENTER NAME]** |
|  |  | **Number of Children** |  |  |
| **Teacher Name** | **AM, PM or Full-Day** | **3-Year-Olds** | **4-Year-Olds** | **5-Year-Olds** | **Percentage of Dual Language Learner Children** | **Days Classroom Operates** |
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| **BOX B. CLASSROOMS AT [INSERT CENTER NAME]** |
|  |  | **Number of Children** |  |  |
| **Teacher Name** | **AM, PM or Full-Day** | **3-Year-Olds** | **4-Year-Olds** | **5-Year-Olds** | **Percentage of Dual Language Learner Children** | **Days Classroom Operates** |
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