APPENDIX 17

CHILD ROSTER FORM

Program Name:
Center Name:
Center ID:
Center City:
Center State:
Center Phone:
Center Contact Name:

INSTRUCTIONS:

- For each sampled classroom, please provide the requested information for each **MSHS funded** child, including child name (Column A), child date of birth (Column B), child gender (Column C), and child primary language (Column D). Please include ONLY those children funded through **FEDERAL ACF MSHS FUNDS**.
- In column E, please include the full name of the child's Parent/Primary Caregiver.
- If any MSHS funded child has a sibling **in this classroom or another classroom selected for the study** at your center, please record the sibling's name in Column F. If there is more than one, please note this in the Notes box at the bottom of the roster. For this study, siblings are any children who live in the same household and are cared for by the **same** Parent/Primary Caregiver.
- When finished, please return this form to the Westat study team through the Huddle site, using the login credentials that were sent to you in a separate email. Please do NOT email this information to the study team.
- If you have questions about this form or accessing Huddle, please call us toll-free at 1-888-XXX-XXXX.

Classroom Teacher Name: _____ _____
First **Last**

Session (Please Circle): PM Full Day Other (specify)_____

Child Information				Parent/Primary Caregiver	Siblings
Column A	Column B	Column C	Column D	Column E	Column F
First Name Middle Name Last Name	Date of Birth (Month/Day/Year)	Gender M-Male F-Female	Primary Language E-English S-Spanish O-Other	First Name Middle Name Last Name	First Name Middle Name Last Name
1. _____	___/___/_____	M F	____	_____	_____
2. _____	___/___/_____	M F	____	_____	_____
3. _____	___/___/_____	M F	____	_____	_____
4. _____	___/___/_____	M F	____	_____	_____
5. _____	___/___/_____	M F	____	_____	_____
6. _____	___/___/_____	M F	____	_____	_____
7. _____	___/___/_____	M F	____	_____	_____

Child Information				Parent/Primary Caregiver	Siblings
Column A	Column B	Column C	Column D	Column E	Column F
First Name Middle Name Last Name	Date of Birth (Month/Day/Year)	Gender M-Male F-Female	Primary Language E-English S-Spanish O-Other	First Name Middle Name Last Name	First Name Middle Name Last Name
8. _____	___/___/_____	M F	____	_____	_____
9. _____	___/___/_____	M F	____	_____	_____
10. _____	___/___/_____	M F	____	_____	_____