



Appendix A: LENA Grow Room Sign Up Sheet

Use this information when setting up your classroom groups in LENA Online.

Center/FCC Name: _____

Orientation Date: _____ **Coach Name:** _____

This room is in a:

- Center or church
- Public school
- Home or family child care

Room name: _____

of children enrolled in this class: _____

Notes: _____

of adults who typically spend 15+ hrs/wk in this classroom: _____

Notes: _____

- Child ages in months** (check all that apply):
- 0-6
 - 6-12
 - 12-24
 - 24-36
 - 36-48
 - 48+

- Funding** (check all that apply):
- Subsidy slots
 - Private paid slots
 - Head Start/ Early Head Start
 - EHS Child Care Partnership
 - State-funded preschool
 - Child and Adult Care Food Program (or similar food program)

Participating teacher name:

Participating teacher email:

(Used throughout the program for teacher certification. It must be unique to the teacher.)
