# Office of Early Childhood Education



Jill Dent, Ph.D.

# Executive Director

TEACHER NAME SITE

OECE STAFF NAME DATE

## \*Obtain a copy of the classroom schedule if it is not in Share Point.

Daily/Weekly Lesson Plans:

 YES or  NO

|  |  |  |
| --- | --- | --- |
| *Notes on lesson plans: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  • Identify the Curriculum being used by the program: ☐ OWL  ☐ Mississippi Beginnings ☐ Other |  |  |

*Notes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

• Identify the Thematic Unit being used by the program: Thematic Unit: \_(write in thematic unit)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Lesson Plans reflect all MDE Standards:

|  |  |  |
| --- | --- | --- |
| Check: | Yes | No |
| ELA |  |  |
| Math |  |  |
| Science |  |  |
| Social Studies |  |  |
| Creative Expression |  |  |
| Physical Development |  |  |
| Approaches to Learning |  |  |
| Differentiated Instruction |  |  |
| Social & Emotional Development |  |  |

*Notes on lesson plan: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**Centers:** Identify learning centers available:

Library/Books (required):  YES or  NO

Math/Manipulatives (required):  YES or  NO

Creative Art (required):  YES or  NO

Others:  YES or  NO *(please list other centers)*

Do children have access to fiction/non-fiction books **and** writing materials when in learning centers; Mark centers or other centers below that contain these materials *(No specific number, just state what you see)*

Library/Books (required):  YES or  NO Math/Manipulatives (required):  YES or NO

Creative Art (required):  YES or  NO

Others:  YES or  NO *(please list)*

**Physical settings:**

Room size: x sq. ft. Feet to Exit:

Feet to Bathroom:

Closet locks:  YES or  NO

*Closet latches are operable by a child from the inside. Note/s:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Toilet Door locks:  YES or  NO

*Designed to permit opening of locked door from outside in case of an emergency*

*Note/s:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Is there appropriate child-size furniture in the classroom:

 YES or  NO

**Safety:**

Safety covers on outlets:  YES or  NO

Classroom appears clean for young children.

 YES or  NO *Note/s: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Classroom appears organized for young children.

 YES or  NO *Note/s:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Classroom appears safe for young children.

 YES or  NO *Note/s: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

## Outdoor space:

Designated area:

 YES or  NO

Is the area/space shared w/children aged 6+ simultaneously:

 YES or  NO

Are there defined boundaries:

 YES or  NO

Is the area/space developmentally appropriate for 3’s & 4’s:

 YES or  NO

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