



Teacher Student Ratio Count Form

(One form per classroom must be completed daily by the classroom teacher for 20 consecutive days)

Center Name: _____

Classroom Name: _____

Teacher Completing Form: _____

Date: _____		
Time	# of Teachers	# of Students
6:00 AM		
7:00 AM		
8:00 AM		
9:00 AM		
10:00 AM		
11:00 AM		
12:00 PM		
1:00 PM		
2:00 PM		
3:00 PM		
4:00 PM		
5:00 PM		
6:00 PM		
7:00 PM		

Date: _____		
Time	# of Teachers	# of Students
6:00 AM		
7:00 AM		
8:00 AM		
9:00 AM		
10:00 AM		
11:00 AM		
12:00 PM		
1:00 PM		
2:00 PM		
3:00 PM		
4:00 PM		
5:00 PM		
6:00 PM		
7:00 PM		

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7:00 PM		