

CLASSROOM LEARNING CENTERS PLAN

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| <p>_____</p> <p>Facility Name</p> <p>_____</p> <p>Facility MDH License Number</p> <p>_____</p> <p>Teacher Name</p> | <p>Classroom Age Level (Check all that apply):</p> <p><input type="checkbox"/> One-Year-Olds</p> <p><input type="checkbox"/> Two-Year-Olds</p> <p><input type="checkbox"/> Three-Year-Olds</p> <p><input type="checkbox"/> Four-Year-Olds</p> <p>_____</p> <p>Target Date for Set-Up of Learning Centers</p> |
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To Be Completed by Director and Teacher

| Plan Set-Up of Centers | | |
|-------------------------------|--------------|---|
| Learning Center | Needs | Implementation Complete (Enter Date) |
| Circle Time Area | | |
| Language/Writing Center | | |
| Math Center | | |
| Science Center | | |
| Blocks Center | | |
| Music Center | | |
| Dramatic Play Center | | |
| Art Center | | |
| Library Center | | |

To Be Completed by Director and Employee

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| <p>We have discussed and agreed upon this plan for implementing learning centers in this classroom.</p> <p>Signature _____ (Director)</p> <p>Signature _____ (Teacher)</p> <p>Date _____</p> |
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