## South Carolina Child Early Reading and Development Education Program (CERDEP)

## Notification of Classroom Closure

| District Name: |  |
| --- | --- |
| District Address: |  |
| District Phone Number: |  |
| Superintendent’s Name: |  |
| District Early Childhood Coordinator: |  |
| School Name: |  |
| Principal’s Name: |  |
| Number of classrooms to close: |  |
| Date of notification for closure: |  |

Please attach a list outlining the reason(s) for CERDEP classroom closure including any efforts to avoid the closure.

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Early Childhood Coordinator Signature District Superintendent Signature

Please submit the request to Dr. Tammy Graham at [tgraham@ed.sc.gov](mailto:tgraham@ed.sc.gov).