

Pre-Kindergarten Experience

Legal Name of Student _____
Last
First
Middle
Suffix

Date of Birth _____ / _____ / _____ Student ID _____
Month
Day
Year

Pre-K Experience

1. Did the student participate in a formal Pre-K program in the past? (If yes, continue with question 2) _____
Yes No
2. Was this program conducted through Norfolk Public Schools? (If no, continue with question 3) _____
Yes No
3. What was the name of the most recent school or Pre-K program in which the student participated?

School/Program Name	City	State
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4. How many hours per week did your child attend the Pre-K program?
_____ Less than 15 hours
_____ More than 15 hours but less than 30 hours
_____ 30 or more hours
5. Check all that apply in reference to the child's most recent Pre-K school or program
_____ Head Start (in a community-based organization)
_____ Public Preschool (includes VPI, VPI+, Title I, ECSE, and Head Start in a public school)
_____ Private Preschool / Daycare (includes for-profit, non-profit, faith-based programs and commercial daycare)
_____ Department of Defense Child Development Program (operated by the DOD on a military installation)
_____ Family Home Daycare Provider (preschool or child daycare provided in a home)
_____ No Preschool Experience (student was at home with parent, family, caregiver, nanny, etc.)

Special Needs

6. My child only received special education services. (No regular Pre-K or daycare was provided) _____
Yes No
7. My child received special education services in combination with a non-special education program. _____
Yes No

Office Use Only

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| <p>___1 Head Start</p> <p>___2 Public Preschool</p> <p>___3 Private Preschool/Daycare</p> <p>___4 Department of Defense Child Development Program</p> <p>___5 Family Home Daycare Provider</p> <p>___6 No Preschool Experience</p> | <p>___0 No time in formal or institutional PK program</p> <p>___1 Less than 15 hours/wk</p> <p>___15 15 hours or more but less than 30 hours/wk</p> <p>___30 30 or more hours/wk</p> |
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