Early Childhood Education Experience Survey for Incoming Kindergarteners

Name of Child: ________________________________ Date of Birth: ____________________

Name of Incoming K School: ____________________________________________________________

Please check next to the option that best describes your child’s preschool experience in the school year prior to entering Kindergarten. Select one option only, and indicate hours where applicable. Thank you!

- **My child attended a Licensed Family Child Care Provider.** Licensed Family Child Care refers to EEC licensed child care in a group setting in a home. (indicate hours below)
  - ___ for less than 20 hours per week (05)
  - ___ for 20+ hours per week (06)

- **My child attended a Center Based Program.** Center-Based Program refers to the education and care for children in a group setting, including public and private preschools, Head Start, day care centers, and integrated public preschools. (indicate hours below)
  - ___ for less than 20 hours per week (07)
  - ___ for 20+ hours per week (08)

- **My child attended BOTH a Licensed Family Child Care Provider AND a Center Based Program** (indicate hours below)
  - ___ for less than 20 hours per week (09)
  - ___ for 20+ hours per week (10)

- **My child did not have formal early childhood program experience but participated in Coordinated Family and Community Engagement (CFCE) services.** In Marshfield, these programs are offered at the Recreation Center, 900 Ferry St., for children birth through school age (e.g. parent/child playgroups, parent-child activities). (02)

- **My child did not have formal early childhood program experience but participated in Parent Child Home Program (PCHP) services.** Parent Child Home Program (PCHP) refers to a home visiting model program funded through the Department of Early Education and Care. PCHP services are not offered in Marshfield. (03)

- **My child did not have formal early childhood program experience but participated in BOTH Coordinated Family and Community Engagement (CFCE) AND Parent Child Home Program (PCHP) services.** (04)

- **My child did not have any formal early childhood program experience.** (01)

Completed by: ________________________________ Date: ____________________