

Student Name _____

Pre-K Data Collection

Parents or Guardians are required by the State of Virginia to identify their child's Pre-K experience, including the amount of time spent weekly in the identified programs, if applicable. This is required for all Kindergarten students.

Codes for PK Experience

CIRCLE ONLY ONE NUMBER. If your child attended more than one program, select the primary provider.

- 1 Community-based Head Start.** A preschool classroom for at-risk four-year-olds is funded by the federal Head Start grant in a community-based organization.
- 2 Public Preschool.** A preschool program operated in the public school. This would include VPI, VPI+, Title I, ECSE, and Head Start Programs. This would be for LCPS STEP and Head Start programs.
- 3 Private Preschool/Day Care.** The student is served by a preschool, child daycare, or other program provided by a private provider. This includes programs for-profit and non-profit providers, including faith-based programs and commercial daycare centers.
- 4 Department of Defense Child Development Program.** A preschool program operated by the Department of Defense on a military installation.
- 5 Family Home Daycare Provider.** The student is served by a preschool or child daycare provided in a home.
- 6 No Preschool Experience.** The student has **not** had a formal classroom preschool experience. The student was at home with a parent, family member, caregiver, nanny, etc.

Codes for amount of time spent weekly in program

CIRCLE ONLY ONE NUMBER. Estimate the number of hours per week that your child spent in the program selected above.

My child spent an average of:

- 0** No pre-kindergarten program experience.
- 1** Less than 15 hours per week in a pre-kindergarten program.
- 15** 15-29 hours per week in a pre-kindergarten program.
- 30** 30 or more hours per week in a pre-kindergarten program.