

Early Childhood Education Experience Survey

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!

Name of child: _____

Date of Birth: _____

- My child did not have any formal early childhood program experience
- My child did not have formal early childhood program experience but participated in Coordinated Family and Community Engagement (CFCE) services.
- My child did not have formal early childhood program experience but participated in Parent Child Home Program (PCHP) services.
- 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.
- My child attended a Licensed Family Child Care Provider (indicate hours below)
___ for less than 20 hours per week
___ for 20+ hours per week
- My child attended a Center Based Program (indicate hours below)
___ for less than 20 hours per week
___ for 20+ hours per week
- 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
___ for 20+ hours per week