



**2020-2021  
Prior Educational Experience of  
Incoming Kindergarten Students  
Survey**

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**Student Name:** \_\_\_\_\_

**Teacher:** \_\_\_\_\_

\_\_\_\_\_ **No, my child did not participate in a 4 year old preschool program.**

\_\_\_\_\_ **Yes, my child participated in a 4 year old preschool program.**

Preschool Program Name \_\_\_\_\_

Address \_\_\_\_\_

Type of Preschool Program \_\_\_\_\_ Licensed Child Care Center

\_\_\_\_\_ Family/Friend Care

\_\_\_\_\_ Head Start

\_\_\_\_\_ Home

\_\_\_\_\_ Pre-K Public

\_\_\_\_\_ Pre-K Private  
Private provider with a small  
group of students, not a  
licensed childcare center.