

Child's Name _____ Date _____

The purpose of this survey is to find out what types of early organized experiences children have had before coming to kindergarten. Please check all of the experiences your child has participated in and for approximately how long. Thank you.

<u>Program</u>	<u>How long?</u>
___ Help Me Grow (County: _____)	_____
___ Early Intervention (Birth to age 3) (County: _____)	_____
___ Parents As Teachers (County: _____)	_____
___ Child Care Center	_____
___ WSOS/Head Start Home-Based Program (County: _____)	_____
___ WSOS/Head Start Center-Based Program (County: _____)	_____
___ Preschool _____	_____
___ Preschool Special Education Services (IEP) (School District: _____)	_____
___ None of the above	