SUFFOLK
PUBLIC SCHOOLS

PRE-K EXPERIENCE

Student Name _____ **Date of Birth** _____

Please indicate below your child's prior Pre-kindergarten experience:

_____ ***Code 1: Head Start.*** The preschool classroom for at-risk four-year-olds is funded by the federal Head Start grant in a community-based organization.

_____ ***Code 2: Public Preschool.*** A preschool program operated in the public school. This would include VPI, VPI+, Title I, ECSE, and Head Start Programs – both in the public school and if the public school is the fiscal agent; and locally funded public preschool program.

_____ ***Code 3: Private Preschool/Day Care.*** The student is served by a preschool, child daycare, or other program proceed by a private provider. This includes programs for-profit and non-profit providers, including faith-based programs and commercial daycare centers.

_____ ***Code 4: Department of Defense Child Development Program.*** A preschool program operated by the Department of Defense on a military installation.

_____ ***Code 5: Family Home Daycare Provider.*** The student is served by a preschool or child daycare provided in a home.

_____ ***Code 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.

Code for PK Weekly Time
_____ 1 = less than 15 hours per week
_____ 15 = 15 hours or more but less than 30 hours per week
_____ 30 = 30 or more hours per week
_____ 0 = no time in a program