

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.

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. *Definition: Locally based programs serving families with children birth through school age (e.g. parent/child playgroups, parent/child activities).*
- My child did not have formal early childhood program experience but participated in **Parent Child Home Program (PCHP)** services. *Definition: Home visiting model program funded through the Department of Early Education and Care.*
- 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**. *Definition: Refers to EEC licensed child care in a group setting in a home. It may include care in the home of a family member, if the provider is both a relative and an EEC licensed child care provider providing care to children from multiple families. (indicate hours below)*
- ___ for less than 20 hours per week
- ___ for 20+ hours per week
- My child attended a **Center Based Program**. *Definition: Refers to care for children in a group setting, including public and private preschools, Head Start, day care Centers, and integrated public preschools. (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