



**2025-2026
Prior Educational Experience of
Incoming Kindergarten Students
Survey**

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.