**INDEPENDENCE PRIMARY SCHOOL**

Child’s Name Date

The purpose of this survey is to find out which of the following types of organized experiences (listed below) children have had as they enter kindergarten, and to learn how long they lasted each year. IN EACH question below, for each age, next to each experience that applies, circle the estimated number of months that it lasted. If none of the experiences apply, or if you do not remember, place a check in the appropriate blank.

**AGE 3**

When your child was 3 years old (36-47 months old), where and how many months did he/she participate in the following organized experiences? Select all that apply by circling the appropriate number of months.

 Number of Months (1-12)

Child Care Center Where? 1 2 3 4 5 6 7 8 9 10 11 12

Head Start Program Where? 1 2 3 4 5 6 7 8 9 10 11 12

Preschool Program in a Public School Where? 1 2 3 4 5 6 7 8 9 10 11 12

Preschool Program **not** in a Public School Where? 1 2 3 4 5 6 7 8 9 10 11 12

Special Education Services Where? 1 2 3 4 5 6 7 8 9 10 11 12

 Provided by a school district (or MRDD) (IEP)

 None of the above applies to my child.

 I do not remember/I do not know.

**AGE 4**

When your child was 4 years old (48-59 months old), where and how many months did he/she participate in the following organized experiences? Select all that apply by circling the appropriate number of months.

 Number of Months (1-12)

Child Care Center Where? 1 2 3 4 5 6 7 8 9 10 11 12

Head Start Program Where? 1 2 3 4 5 6 7 8 9 10 11 12

Preschool Program in a Public School Where? 1 2 3 4 5 6 7 8 9 10 11 12

Preschool Program **not** in a Public School Where? 1 2 3 4 5 6 7 8 9 10 11 12

Special Education Services Where? 1 2 3 4 5 6 7 8 9 10 11 12

 Provided by a school district (or MRDD) (IEP)

 None of the above applies to my child.

 I do not remember/I do not know.

**AGE 5**

When your child was 5 years old (60-72 months old), where and how many months did he/she participate in the following organized experiences? **Do not fill in any blanks if your child is 4 right now**.

 Number of Months (1-12)

Child Care Center Where? 1 2 3 4 5 6 7 8 9 10 11 12

Head Start Program Where? 1 2 3 4 5 6 7 8 9 10 11 12

Preschool Program in a Public School Where? 1 2 3 4 5 6 7 8 9 10 11 12

Preschool Program **not** in a Public School Where? 1 2 3 4 5 6 7 8 9 10 11 12

Special Education Services Where? 1 2 3 4 5 6 7 8 9 10 11 12

 Provided by a school district (or MRDD) (IEP)

 None of the above applies to my child.

 I do not remember/I do not know.