**Early Childhood Experience Survey**

Dear Parent(s)/Guardian(s):

In an effort to provide valid information for state reporting, Mason Road and Charlton Elementary Schools are required to obtain information pertaining to your child’s previous educational experience the year prior to entering Kindergarten. Please check off the appropriate box that applies to your child’s early childhood experience. Email survey to jleblanc@dcrsd.org.

**Child’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_\_**



|  |  |
| --- | --- |
| Not Applicable |  |
| Information not provided |  |
| No formal early childhood program experience |  |
| Family Support: Coordinated Family and Community Engagement (CFCE) |  |
| Family Support: Parent Child Home Program (PCHP) |  |
| Family Support: Both CFCE & PCHP |  |
| Formal: Licensed Family Child Care Provider more than 20 hours per week |  |
| Formal: Licensed Family Children Care Provider equal to or less than 20 hours per week |  |
| Formal: Center Based Program more than 20 hours per week |  |
| Formal: Center Based Program equal than or less than 20 hours per week |  |
| Formal: BOTH Family Child Care Provider and Center Based Program more than 20 hours per week |  |
| Formal BOTH Family Child Care Provider and Center Based Program equal than or less than 20 hours per week |  |

Please return this survey at registration. We appreciate your time and assistance in gathering this necessary information.

Thank you.