

Pre-Kindergarten Experience

Student Name _____ Date of Birth _____

The Virginia Department of Education requires FCPS to collect pre-kindergarten data for statistical purposes. Fairfax County Public Schools (FCPS) is gathering some additional information to support transition to kindergarten.

1. Did your child attend a FCPS preschool or Fairfax County Government sponsored preschool program? (this does not include FCPS HIPPIY, Early Literacy and Family Literacy Programs)

- a. Yes (*Stop here. The form is now complete.*)
- b. No (*go to question 2 after completing*)

2. Did your child have a preschool experience in the year prior to entering kindergarten?

- a. **Yes-** my child spent the day in a public preschool, private preschool, preschool in a home or daycare setting, etc. (This includes special education services provided in the home, hospital, or community.) (*go to question 3 after completing*)
- b. **No-** my child has not had a formal classroom preschool experience and was at home with a parent, family member, caregiver, nanny, etc. (Students who ONLY participated in a program such as HIPPIY, Early Literacy, and Family Literacy should check this response) (*go to question 7 after completing*)

3. Please check one category that most accurately describes your child's most recent preschool experience. If your child attended more than one program, please select the primary program: (go to question 4 after completing)

Category	Definition	Check One
Head Start (Community-Based)	The student spends the day in a preschool classroom for four-year-olds funded by the federal Head Start grant in a <u>community-based organization</u> .	<input type="checkbox"/>
Public Preschool	The student spends the day in a preschool program <u>operated in the public school</u> OR publicly funded preschool, including subsidized programs offered in the community or special education services provided in the home or other setting.	<input type="checkbox"/>
Private Preschool/Daycare	The student spends the day in a preschool, child daycare, or other program operated by a private provider. This includes programs for-profit and nonprofit providers, including faith-based programs and commercial daycare centers.	<input type="checkbox"/>
Department of Defense Child Development Program	The student spends the day in a program operated by the Department of Defense on a military installation.	<input type="checkbox"/>
Family Home Daycare Provider	The student spends the day in a preschool or child daycare provided in a home.	<input type="checkbox"/>

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4. Please indicate how much time your child spent per week in the program checked above:
(go to question 5 after completing)

	Check One
0-14 hours per week	<input type="checkbox"/>
15-29 hours per week	<input type="checkbox"/>
30 or more hours per week	<input type="checkbox"/>

5. Did your child receive special education services the year prior to kindergarten?

- a. Yes (go to question 6 after completing)
- b. No (go to question 6 after completing)

6. Preschool Name (optional) _____
(Stop here. The form is now complete.)

7. Did you live in Fairfax County, Virginia the year prior to your child starting kindergarten?

- a. Yes (go to question 8 after completing)
- b. No (Stop here. The form is now complete.)

8. FCPS is committed to removing any barriers that might prevent families from accessing preschool. Your response to this question will help us better understand how we can support every family effectively. Please identify any barrier(s) that may have prevented your child from attending preschool. Select up to three reasons.

- a. Preference: No barriers, I preferred keeping my child home.
- b. Cost: Preschool was too expensive.
- c. Location: Preschool programs were not conveniently located near home or work.
- d. Transportation: There were challenges getting to and from preschool programs.
- e. Capacity: Preschool programs were fully enrolled and/or had waiting lists.
- f. Hours: Preschool program operating hours did not fit my family's needs.
- g. Finding Preschool: My family did not have the time, information, or resources to find a preschool program.
- h. Language: Preschool programs were not available in the language needed for my child and/or family.
- i. Other Needs: Preschool programs were not available to meet my child's needs (e.g., health needs, educational needs, etc.).
- j. Quality: Preschool programs were not high quality.
- k. Age: I felt my child was too young to be in school.
- l. Other/I prefer not to respond.