

Child's Name _____

Date _____

Parent/Guardian _____

School _____

Pre-Kindergarten Experience Information

Dear Parent/Guardian,

Please complete the following chart. This information will help school staff understand your child's past experience in different environments. Please check all that apply to your child.

Pre-Kindergarten Experience	Birth – 3 yr old	3 – 4 yr old	4 – 5 yr old
Home with parent			
Informal child care, home with relative or friend			
Private Day Care			

Child Care Center including Nursery School or Cooperative Preschool. Please name location:			

Early Head Start Please name location:			
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CACS Head Start Please name location:			
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Great Start Readiness Programs Please name location:			

Early Childhood Special Education			
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Early On Program			
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Parent Young Child Program Parent Infant Program			
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Family Outreach Program			
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Great Parents, Great Start			
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Other, please specify			
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***Retain original in CA-60 and send a copy to Student Services**