

Kindergarten Questionnaire

Student Name _____ Race _____ Sex _____

Student ID# _____

Has your child been in a VPK Program?

YES NO Center or site _____

Has your child been in a Pre-Kindergarten Program?

YES NO

If YES, please mark the appropriate one:

Private Pre-kindergarten Program

Center or site name _____

TAP (Teenage Parent Program)

Center name _____

Head Start

Site _____

School Board Sponsored Program

ACE PREK (Program for Children with Disabilities)

Migrant Pre-kindergarten

School Readiness Pre-kindergarten

Parent Signature

Date