

Anchorage School District
 2023-2024 School Year
 Preschool Questionnaire
 K – 3rd grade

Student's Legal Name: _____

Date of Birth: _____

1. In what type of setting(s) did your child receive early care between the ages of 3 and 5?
 (Please check **all** that apply)

- | | |
|---|--|
| <input type="checkbox"/> ASD Special Education Preschool | <input type="checkbox"/> Private Preschool Setting |
| <input type="checkbox"/> ASD General Education Preschool | <input type="checkbox"/> Licensed Center-Based Childcare |
| <input type="checkbox"/> Other Alaska School District Preschool | <input type="checkbox"/> Licensed Home-Based Childcare |
| <input type="checkbox"/> Out-of-State School District Preschool | <input type="checkbox"/> Licensed Family Childcare |
| <input type="checkbox"/> Kids' Corps, Inc. (KCI) Head Start | <input type="checkbox"/> Non-Relative Care |
| <input type="checkbox"/> RurALCAP Head Start | <input type="checkbox"/> Parent/Guardian Care |
| <input type="checkbox"/> Cook Inlet Native Head Start | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> CCS Head Start | |

If your child attended an early education/preschool setting, please continue.

2. How many years did your child attend an early education/preschool? (*select one*)
- Less than 1 year
 1-2 years
 2+ years
3. The year prior to kindergarten, how many hours per week did your child attend an early education/preschool? (*select one*)
- Less than 5 hours per week
 5-15 hours per week
 16-20 hours per week
 21+ hours per week

Attended regularly?

- Yes
 No

Parent Signature: _____

Date: _____

ASD Front Office Staff Only

File in CUM

Front office staff enter this information into Q upon new student enrollment.