

Anchorage School District  
Preschool Questionnaire

Student's Legal Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

1. In what type of setting did your child receive early care between the ages of 3 and 5?

*(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"/> Kids' Corps, Inc. (KCI) Head Start              | <input type="checkbox"/> Licensed Home-Based Childcare   |
| <input type="checkbox"/> RurALCAP Head Start                             | <input type="checkbox"/> Non-Relative Care               |
| <input type="checkbox"/> Cook Inlet Native Head Start                    | <input type="checkbox"/> Parent/Guardian Care            |
| <input type="checkbox"/> Chugiak Children's Services (CCS)<br>Head Start | <input type="checkbox"/> Other:                          |

2. Did your child attend a formal preschool setting between the ages of three and five years old?

Yes       No

IF YOU ANSWERED **YES** TO QUESTION 2, PLEASE CONTINUE.

3. How many years did your child attend preschool? *(select one)*

- Less than 1 year  
 1-2 years  
 2+ years

4. The year prior to kindergarten, how many hours per week did your child attend 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.