

Anchorage School District
2021-2022
School Year 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)
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.