

**Ida Elementary Preschool Questionnaire  
for Incoming Young 5's & Kindergarten Students**

1. Student Name \_\_\_\_\_

2. Date of Birth \_\_\_\_\_

3. Did your child attend any preschool programs during the current school year?

\_\_\_\_\_

4. Please write in the name of the preschool, school, or daycare center that your child attended this year. If your child was in a family-provided care setting, please write HOME.

\_\_\_\_\_

5. Listed below are several preschool and pre-kindergarten programs. Please identify the program(s) your child participated in this year. Check all that apply.

Great Start Readiness Preschool  
(GSRP)

Head Start

Early Childhood Special  
Education (ECSE)  
Program/Classroom

Young Fives/Developmental  
Kindergarten

Child Care-Home Based

Private Child Care Center

Family Child Care – Home

Tuition or fee-based preschool  
program

No preschool or prior care  
program

Kindergarten

I am not sure which type of  
preschool program my child is in.

Other type of program not listed  
above: \_\_\_\_\_

6. How often does your child attend preschool?

\_\_\_\_\_ Full day

\_\_\_\_\_ Partial Day

\_\_\_\_\_ Days per week