

Pre-Kindergarten Experience

The Virginia Department of Education requires the collection of information on students' experiences prior to entering kindergarten. The information gathered is for statistical purposes only and will not affect your child's placement or the services your child will receive from Fairfax County Public Schools (FCPS). Please check the category that most accurately describes your child's current or most recent experience:

Description	Definition	Check One	FCPS Code Office use only	Code Office use only
Head Start	The student spends the day in a preschool classroom for at-risk four- year-olds funded by the federal Head Start grant in a community-based organization.		1	1
Public Preschool- Public School Setting	The student spends the day in a preschool program operated in the public school. This would include VPI, VPI+, Title I, and Head Start programs.		2A	
Public Preschool- Community Setting	The student spends the day in a preschool program operated in a community setting to include VPI, VPI+, Title I, and Head Start programs.		2B	
Public Preschool – Spec Ed and Public/ Community	The student receives early childhood special education and also spends the day in a preschool program operated in the public school or community setting. This would include VPI, VPI+, Title I, and Head Start programs.		2C	2
Public Preschool – Spec Ed only	The student only receives early childhood special education services.		2D	
Private Preschool/Daycare	The student spends the day in a preschool, child daycare, or other program operated by a private provider. This includes programs for profit and non-profit providers, including faith based programs and commercial day care centers.		3	3
Dept. of Defense Child Development Program	The student spends the day in a program operated by the Department of Defense on a military installation.		4	4
Family Home Daycare provider	The student spends the day in a preschool or child daycare provided in a home.		5	5
No Preschool Experience	The student has not had formal classroom preschool experience (e.g. at home with a parent, family member, caregiver, nanny, etc.).		6	6

Please indicate how much time your child spends each week in the program checked above:

Check One	Office use only	
	Code 00	
	Code 01	
	Code 15	
	Code 30	
Date of Birth _		
	Date of Birth	

Date

Code

Print Parent Name

Parent Signature