

Oxford Public Schools

Early Childhood Education Experience Survey for Kindergarten Students

Please check next to the option that best describes your child's preschool experience in the school year prior to entering Kindergarten. Select one option only, and indicate hours where applicable. Thank you!

Child's Name: _____ Date of Birth: ____ / ____ / _____

My child did not have any formal early childhood program experience.

My child did not have formal early childhood program experience but participated in Coordinated Family and Community Engagement (CFCE) services.

***Coordinated Family and Community Engagement (CFCE) Services:** locally based programs serving families with children birth through school age (e.g. parent/child playgroups, parent-child activities). Example: Programs provided by South County Community Partnership.*

My child did not have formal early childhood program experience but participated in Parent Child Home Program (PCHP) services.

***Parent Child Home Program (PCHP):** home visiting model program funded through the Department of Early Education and Care. Example: In home services through Worcester Family Partnership.*

My child did not have formal early childhood program experience but participated in **BOTH** Coordinated Family and Community Engagement (CFCE) **AND** Parent Child Home Program (PCHP) services.

My child attended a Licensed Family Child Care Provider* (**indicate hours below**).

***Licensed Family Childcare:** refers to EEC licensed child care in a group setting in a home. It may include care in the home of a family member, if the provider is both a relative and an EEC licensed child care provider providing care to children from multiple families.*

for less than 20 hours per week for 20+ hours per week

My child attended a Center Based Program* (**indicate hours below**).

***Center-Based Care:** refers to care for children in a group setting, including public and private preschools, Head Start, day care centers, and integrated public preschools.*

for less than 20 hours per week for 20+ hours per week

My child attended **BOTH** a Licensed Family Child Care Provider **AND** a Center Based Program (**indicate hours below**).

for less than 20 hours per week for 20+ hours per week

* Lists, by town, of Licensed Family Child Care Providers and Center Based Programs are located at:
<https://eecweb.eec.state.ma.us/ChildCareSearch/EarlyEduMap.aspx>

Parent
Signature: _____ Date: ____ / ____ / _____