



SCPCSD Early Childhood Form

Disclaimer:

Early Childhood Education is a major strategic aim of the South Carolina Department of Education (SCDE). All children must be provided the opportunity to enter school prepared to succeed. All children deserve a quality education in a developmentally appropriate and instructionally sound learning environment, with competent, compassionate staff. High Quality will not occur without appropriate technical assistance and appropriate evaluation of Early Childhood Programs for four-year-olds and five-year-olds, as mandated by the Education Improvement Act of 1984, the Accountability Act of 1998, and the 2007 Child Development Education Pilot Program. The offices of Early Childhood Education, Finance and Data Management and Analysis work jointly to gather data for evaluation. These multi-office efforts minimize duplication in data collection.

The information that is being collected for the offices of Early Childhood Education and Data Management and Analysis will provide data to do the following:

- help evaluate program quality,
- determine training and professional development needs, and
- track student progress over time.

The information recorded in the Early Childhood and related pages will be used to complete 2010-2011 early childhood annual reports, and to establish a baseline for evaluating the progress of programs for four-year-olds and family literacy. Preschool child development and kindergarten experiences predict future school success or failure.



Please select only one answer per question, these are not multi answer questions.

1. **Which option below was your five year old child served in last year** *(If your child is four years old, skip to question 2):*
 Head Start Private Daycare State (Public) Daycare None Other
2. **Low Birth Weight** *(Was your child's birth weight below 5.5 pounds):* Yes No
3. **Income Range of Family:** 0 – 10,000 10,001 – 20,000 20,001 – 30,000
 30,001 – 40,000 40,001 – 50,000 50,001 – 60,000 60,001 or Above
4. **Prior Child Care:** Center Based Care Family Child Care Center Head Start
 Home with Family Member Home with Non-Family Member
5. **Medical Care Source** *(The source the family generally uses for their medical care):*
 Free Health Clinic Emergency Room Family Physician Other
6. **Early Childhood Placement:**
 Classroom for 3 year olds *(Children whose third birthday is on or before Sept. 1 school year)*
 Classroom for 4 year olds *(Children whose fourth birthday is on or before Sept. 1 of the current school year)*
 Classroom for 5 year olds *(Children whose fifth birthday is on or before Sept. 1 of the current school year)*
 Multiage Classroom *(Multiage classrooms serve children of more than one grade span – for example 3 and 4 year old children together – there are many types of combinations.)*
7. **Classroom Type** *(The location of your child's classroom location):*
 District Owned Center Based Full Day
 District Owned Center Based Half Day
 District Owned School Based Full Day
 District Owned School Based Half Day
 Head Start Facility Full Day
 Head Start Facility Half Day
 Other Full Day
 Other Half Day
 Private Child Care Full day
 Private Child Care Half day
8. **First Steps** *(Was your child's day care a participant in the First Steps program):*
 Yes No Partial FS funding



9. **Family Literacy Services** (*This pertains to the student parent's, if either one or both participated in a school district Family Literacy Program*):
 Both Parents Father Mother Guardian [or Grandparent] None
10. **Family Literacy Years of Service** (*If parent(s) or guardian did participate in a school district Family Literacy Program please indicate the number of years*):
 Under 1 year 1-2 years 2-3 years 3-4 years None
11. **Special Needs Info** (*If your child has a disability what is there status?*):
 Emotional Disability Learning Disability Other Physical Disability
 Speech Disability
12. **Qualified At-Risk** (*If your child did not attend a 4k program, please choose the reason why below*): Classroom Space DIAL Score Lack of full-day service
 Personnel Transportation
13. **Head Start** (*Was your child serviced in a Head Start program any time from birth through age 4 (if your child was served in 4K) or Kindergarten (if your child was not served in 4K)*): Yes No
14. **Countdown to Kindergarten** (*Did your child receive Countdown to Kindergarten home visits during the summer prior to kindergarten*): Yes No
15. **Ed Level Mom/Female Guardian** (*The educational level of the female guardian or the mother*): Bachelor's Degree GED High School Degree Master's Degree No HS Diploma PhD
16. **Years Ed of the Mom/Female Guardian** (*How many years of education does the mother or female guardian have? Years range from 1 – 30 years*): _____ year(s)