

\*Child's First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ \*Last Name \_\_\_\_\_

\*Date of Birth \_\_/\_\_/\_\_\_\_

\*Gender F M

\*Date of First Enrollment \_\_/\_\_/\_\_\_\_

**Ethnicity**

\*Are you Hispanic/Latino? Yes  No

\*What is your race? (If applicable choose one or more)

American Indian or Alaskan Native

Asian

Black or African American

Native Hawaiian or other Pacific Islander

White

Family Last Name \_\_\_\_\_

Family Code \_\_\_\_\_

Child Code \_\_\_\_\_

Type(select one)  Preschool (birth to 5)  School Age (K-6) Keyword \_\_\_\_\_

Current Year Enrollment Date \_\_/\_\_/\_\_\_\_

Participating Y N

PreK Year Before K Y N

**PreSchool Program Year Data Entry and Exit** (Select all that apply at entry and again at exit)

**Entry**

Early Intervention Y N

Early Head Start Y N

PCHP Y N

Nurse Family Partnership Y N

Head Start Y N

Title I Preschool Y N

Private Preschool Y N

K-3 Y N

K-4 Y N

Pre-K Counts Program Y N

Keystone Stars Program Y N

Family Literacy Early Literacy Y N

Daycare w/Educational Comp. Y N

Daycare Y N

Other Y N

Specify \_\_\_\_\_

None Y N

**Exit**

Early Intervention Y N

Early Head Start Y N

PCHP Y N

Nurse Family Partnership Y N

Head Start Y N

Title I Preschool Y N

Private Preschool Y N

K-3 Y N

K-4 Y N

Pre-K Counts Program Y N

Keystone Stars Program Y N

Family Literacy Early Literacy Y N

Daycare w/Educational Comp. Y N

Daycare Y N

Other Y N

Specify \_\_\_\_\_

None Y N

\*EC Assessment \_\_\_\_\_

Time1 \_\_/\_\_/\_\_\_\_

Time2 \_\_/\_\_/\_\_\_\_

e-Data V-2 Child Maintenance

**School Age Program Year Data Entry and Exit** (Select all that apply at entry and again at exit)

Grade \_\_\_\_\_

**Entry**

- Free or Reduced Lunch Y N
- Home School Y N
- Special Education Y N
- ESL Y N
- Before/After School Program Y N
- Daycare with Ed Component Y N
- Daycare Y N
- Other Y N
- Specify \_\_\_\_\_
- None Y N

**Exit**

- Free or Reduced Lunch Y N
- Home School Y N
- Special Education Y N
- ESL Y N
- Before/After School Program Y N
- Daycare with Ed Component Y N
- Daycare Y N
- Other Y N
- Specify \_\_\_\_\_
- None Y N

**Information from End of School Report** Y N

**School-age Promotional/Retention** (Select One)

**Promoted**

Grade \_\_\_\_\_

With IEP Y N

Other Specify \_\_\_\_\_

**Retained**

Grade \_\_\_\_\_

Referred for testing Y N

Other Specify \_\_\_\_\_

**Other**

Specify \_\_\_\_\_

**Child's Reading Level (select one)**

Below Basic

Basic

Proficient

Advanced

**Unexcused Absences** (days) \_\_\_\_\_

**Contact parent had with teacher** (Select all that apply)

None

Open House

Conference

Phone

Note/Email

Other Specify \_\_\_\_\_