

**WAKULLA COUNTY SCHOOL BOARD  
MANAGEMENT INFORMATION SYSTEMS  
GOAL 1 COLLECTION INSTRUMENT – K**

CRAWFORDVILLE ELEMENTARY SCHOOL

**PARENT/GUARDIAN:** Please complete this form if student is enrolling in Kindergarten.

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Entry date/year: \_\_\_\_\_

1. Did student participate in Even Start Program prior to kindergarten?  
 Yes             No             Not disabled, not applicable
  
2. Was student served in a Special Education Program that required an IEP or Family Support Plan prior to kindergarten?  
 Yes             No             Not applicable
  
3. Did student participate in First Start prior to kindergarten?  
 Yes             No             Not applicable
  
4. Check any of the programs listed below that the student participated in prior to kindergarten:  
 Chapter 1 Pre-kindergarten  
 Head Start  
 Migrant Pre-kindergarten  
 Non-subsidized child care  
 Pre-kindergarten program for children with disabilities  
 Pre-kindergarten Early Intervention  
 Subsidized child care  
 Pre-kindergarten, other list \_\_\_\_\_  
 Not applicable