

# Louisiana Pre-K Program Intake Form

Revised 2009-2010

**Confidential:** All information that would identify any individual will be held strictly confidential.

**Instructions:** Please complete all of the requested information for the items listed below.

**Child Identification** (If both the social security (SSN) and State identification number are available, please provide the SSN.)

<b>Child's Last Name:</b>	<b>Child's First Name:</b>	<b>Middle:</b>	<b>Suffix:</b>
<b>Child's SSN or State ID:</b> (If both the social security (SSN) and State identification number are available, please provide the SSN.)			
<b>Teacher's Name:</b>		<b>School/Site Code:</b>	
<b>Entry Date:</b>		<b>Date of Birth:</b>	
<b>What is the highest grade in school that the mother/female guardian completed?</b>			
<input type="checkbox"/> No mother or female guardian			
<input type="checkbox"/> Below 6 <sup>th</sup> grade			
<input type="checkbox"/> 7 <sup>th</sup> grade			
<input type="checkbox"/> 8 <sup>th</sup> grade			
<input type="checkbox"/> 9 <sup>th</sup> grade			
<input type="checkbox"/> 10 <sup>th</sup> grade			
<input type="checkbox"/> 11 <sup>th</sup> grade			
<input type="checkbox"/> 12 <sup>th</sup> grade			
<input type="checkbox"/> GED			
<input type="checkbox"/> High school graduate			
<input type="checkbox"/> Some education after high school			
<input type="checkbox"/> Associate or vocational degree			
<input type="checkbox"/> Some college			
<input type="checkbox"/> College graduate			
<input type="checkbox"/> Some education after college			
<input type="checkbox"/> Graduate degree			
<input type="checkbox"/> Don't know			
<input type="checkbox"/> Other			
<b>What is the highest grade in school that the father/male guardian completed?</b>			
<input type="checkbox"/> No father or male guardian			
<input type="checkbox"/> Below 6 <sup>th</sup> grade			
<input type="checkbox"/> 7 <sup>th</sup> grade			
<input type="checkbox"/> 8 <sup>th</sup> grade			
<input type="checkbox"/> 9 <sup>th</sup> grade			
<input type="checkbox"/> 10 <sup>th</sup> grade			
<input type="checkbox"/> 11 <sup>th</sup> grade			
<input type="checkbox"/> 12 <sup>th</sup> grade			
<input type="checkbox"/> GED			
<input type="checkbox"/> High school graduate			
<input type="checkbox"/> Some education after high school			
<input type="checkbox"/> Associate or vocational degree			
<input type="checkbox"/> Some college			
<input type="checkbox"/> College graduate			
<input type="checkbox"/> Some education after college			
<input type="checkbox"/> Graduate degree			
<input type="checkbox"/> Don't know			
<input type="checkbox"/> Other			

**Intervention:** Before the age of 3, did the child receive special services for a special need through Part C, such as speech/language, physical therapy, occupational therapy, or special instruction?  Yes  No

**Indicate the current annual household income in United States dollars:**

Under \$10,000       \$20,000-29,999       \$40,000-49,999  
 \$10,000-19,999       \$30,000-39,999       Over \$50,000

**How many children under the age of 18 currently live in the child's household?**

1  2  3  4  5  6  7  8  9  10 or more

**Was the child in any type of non-parental care for a period of 6 months or longer before entering the pre-kindergarten program?**  Yes  No

If yes, indicate all types of child care used for 6 months or longer since birth:

<input type="checkbox"/> Child care center	<input type="checkbox"/> Registered family day care
<input type="checkbox"/> Care center in a church	<input type="checkbox"/> At child's home with relatives
<input type="checkbox"/> Early Head Start (ages 0-2)	<input type="checkbox"/> At relative's home
<input type="checkbox"/> Head Start	<input type="checkbox"/> At neighbor's home
<input type="checkbox"/> At child's home with paid babysitter	<input type="checkbox"/> Other (specify) _____