

eData Child Maintenance

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

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

\*Gender Female Male

\*Date of First Participation \_\_\_\_\_

**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 \_\_\_\_\_

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

Program Year Start Date \_\_\_\_\_

Participating    Y    N

PreK Year Before K    Y    N

eData V2 Child Maintenance

**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 at 3 years	Y	N
K at 4 years	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 at 3 years	Y	N
K at 4 years	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 \_\_\_\_\_

eData V2 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

**Info. from End of Year School Report**                      Y\*      N

*\*If responding Yes, the information needed to complete the remaining data entry in eData comes directly from the child's End of Year School Report form*