

# Early Childhood Education Colorado Preschool Program (CPP) Eligibility Worksheet



The Colorado Preschool Program (CPP) is a preschool program that serves preschool-aged children who are at risk for starting elementary school unprepared due to individual or family factors. CPP allows eligible children to attend a half-day of high-quality preschool at no cost to families.

<b>Child's Name:</b>	<b>Date of Birth:</b>	<b>Location of School:</b>	
<b>Please Complete the Survey Below</b>			
We acknowledge that these are private and personal questions. Please note that all information will remain confidential.			
What were the ages of the child's parents at the time of birth? Mother: _____ Father: _____			
What was the status of the parent's marital status at the time of the child's birth?			
Is your family eligible for free/reduced lunch? If you have not applied for eligibility for the 2019-20 school year, complete the <i>Family Economic Survey</i> .		Yes	No
Do you currently share housing with friends or family? Or live in temporary housing such as a motel or campground? Or live in transitional or emergency housing?		Yes	No
Is there or has there been an abusive adult residing in the home with the child? (examples of abuse: emotional, physical, sexual, neglectful, exposure to domestic violence)		Yes	No
Is there a history of drug/alcohol abuse in the immediate family (past or present)?		Yes	No
Was either parent of the child less than eighteen years of age and unmarried at the time of the birth of the child?		Yes	No
What is the highest level of education completed by each parent?  Father: _____ Mother: _____			
How many times has your family moved in the last 12 months?			

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Do you have concerns about your child's social skills? Please describe:		
Do you have other concerns you wish to share? For example: mental health concerns, recent death in the family, loss of employment, child is being raised by grandparents.		
Is your child learning English as a second language?	Yes	No
Do you have concerns about child's language development?  If so, please describe:	Yes	No
Are you receiving services from the Department of Human Services? (currently or in the past 12 months)  If so, please describe:	Yes	No
Parent(s)/Guardian Signature:	Date:	
Parent(s)/Guardian Printed Name(s):		
Phone Number(s)		
Email:		
Staff Signature:	Date:	