Parent Participant ID		Parent Race/Ethnicity						
Unique Identifier for Parent/Caregiver Participating	Optional Household ID	American Indian or Alaskan Native	Asian	Black	Hispanic/Latino	Middle Eastern/North African	Hawaiian or Pacific Islander	White
parent_id_shared.parent_id	parent_id_shared.optional_household_id	parent_race_shared.race_aian	parent_race_shared.race_asian	parent_race_shared.race_black	parent_race_shared.race_hispanic	parent_race_shared.race_mena	parent_race_shared.race_hawaii	parent_race_shared.race_white
Data Entry Type: Unique ID per parent/caregiver. Please do not use the parent's name, birthdate, or other private information as the ID.	If you are able to track a family or household members, please include a unique id for these purposes. This is optional for FY 25-26 and we hope to get everyone doing this during FY 26-27.	Data Entry Type: Drop Down, Yes or No for all Categories of Race/Ethnicity that may apply to a Parent/Caregiver.	Data Entry Type: Drop Down, Yes or No for all Categories of Race/Ethnicity that may apply to a Parent/Caregiver.	Data Entry Type: Drop Down, Yes or No for all Categories of Race/Ethnicity that may apply to a Parent/Caregiver.	Data Entry Type: Drop Down, Yes or No for all Categories of Race/Ethnicity that may apply to a Parent/Caregiver.	Data Entry Type: Drop Down, Yes or No for all Categories of Race/Ethnicity that may apply to a Parent/Caregiver.	Data Entry Type: Drop Down, Yes or No for all Categories of Race/Ethnicity that may apply to a Parent/Caregiver.	Data Entry Type: Drop Down, Yes or No for all Categories of Race/Ethnicity that may apply to a Parent/Caregiver.

Other Race/Ethnicity	Other Race/Ethnicity Text Box	No Response - Race/Ethnicity	Parent Location		Parent's Children	Parent Requires Interpreta	Parent Recruitment	
			Zip Code	County	How many children age 5 and under is the participant parenting?	Did the Participant Require Interpretation Services Participate?	How did the participant learn about this program?	Recruitment Other Text
parent_race_shared.race_other	parent_race_shared.race_other_text	parent_race_shared.race_no_response	parentlocationshared.zip_code	parentlocationshared.county	parent_child_shared.participants_children	parentinterpretshare.interpretation	parentrecruit_shared.recruitment	parentrecruit_shared.recruitment_other_text
Data Entry Type: Drop Down, Yes or No for all Categories of Race/Ethnicity that may apply to a Parent/Caregiver.	Data Entry Type: Text, Write-in text for those who selected Other Race/Ethnicity.	Data Entry Type: Drop Down, Yes or No for all Categories of Race/Ethnicity that may apply to a Parent/Caregiver.	Data Entry Type: 5 Digit Zip Code Enter the zip code of the participant's home address.	Data Entry Type: Drop Down, Listing of NC Counties. Indicate county of residence of participant.	Data Entry Type: Whole Number, Min Value = 1, Max Value = 20 How many children age 5 and under is the participant parenting?	Data Entry Type: Drop Down, Yes|No Yes indicates that the Participant required an interpreter or bilingual staff to participate in programming. This could be for ASL, Spanish, or any language other than English. No, indicates that the participant has sufficient comfort and fluency to receive programming verbally in spoken English.	Data Entry Type: Drop Down, Word of mouth| Social Media| Referral from Community Partner| Traditional Media| Outreach Event| Other: text input for description in the next field. Select only one.	Data Entry Type: Text box for description of the other method of recruitment that the participant experienced.

Child Information		Kindergarten Transition Activities						
Did your rising/now Kindergartner attend child care or preschool before attending kindergarten?	If No, Please indicate the primary reason why the child did not attend a Preschool program.	Conversation with Kindergarten Teacher about child	Met the Kindergarten Teacher	Visit the Kindergarten Classroom	Received written communication about kindergarten	Attended Online transition events	Attended In Person transition events	Other
child_information.attend_child_care_before_kindergarten	child_information.if_no_indicate_reason_why	kt_activities.conversation_with_k_teacher_about_child	kt_activities.meet_the_k_teacher	kt_activities.visit_the_kindergarten_classroom	kt_activities.received_written_communication_about_k	kt_activities.attended_online_transition_events	kt_activities.attended_inperson_transition_events	kt_activities.other_kindergarten_transition_event
Data Entry Type: Drop Down, Yes|No	Data Entry Type: Drop Down, Cost|Lack of Availability of Child Care/ Preschool programs|Lack of Transportation|Family Choice|Other	Data Entry Text: Drop Down, Yes|No Which of the following activities did you, your family, or your child participate in before the first day of Kindergarten? (Please Select all that Apply.)	Data Entry Text: Drop Down, Yes|No Which of the following activities did you, your family, or your child participate in before the first day of Kindergarten? (Please Select all that Apply.)	Data Entry Text: Drop Down, Yes|No Which of the following activities did you, your family, or your child participate in before the first day of Kindergarten? (Please Select all that Apply.)	Data Entry Text: Drop Down, Yes|No Which of the following activities did you, your family, or your child participate in before the first day of Kindergarten? (Please Select all that Apply.)	Data Entry Text: Drop Down, Yes|No Which of the following activities did you, your family, or your child participate in before the first day of Kindergarten? (Please Select all that Apply.)	Data Entry Text: Drop Down, Yes|No Which of the following activities did you, your family, or your child participate in before the first day of Kindergarten? (Please Select all that Apply.)	Data Entry Text: Drop Down, Yes|No Which of the following activities did you, your family, or your child participate in before the first day of Kindergarten? (Please Select all that Apply.)

What has Most helped YOU most with the transition to kindergarten?	What has Most helped Your CHILD most with the transition to kindergarten?	Overall how smooth was the transition to kindergarten for YOU, on a scale of 1 to 5 (1- Very Rough and 5- Very Smooth)?	Overall how smooth was the transition to kindergarten for Your CHILD, on a scale of 1 to 5 (1- Very Rough and 5- Very Smooth)?	As a parent, what additional resources do you need to help your child be successful in Kindergarten?	Notes (Optional) Optional Notes
kt_activities.most_helped_you_with_transition_to_k	kt_activities.most_helped_child_with_transition_to_k	kt_activities.how_smooth_transition_to_k_for_you	kt_activities.how_smooth_transition_to_k_for_child	kt_activities.parent_resources_need_child_success	notes.optional_notes
Data Entry Type: Drop Down, Child Care/Preschool|Talking to Kindergarten Teacher|Visiting the School|Kindergarten Transition Activities|Other	Data Entry Type: Drop Down, Child Care/Preschool|Talking to Kindergarten Teacher|Visiting the School|Kindergarten Transition Activities|Other	Data Entry Type: Whole Number, Min Value 1, Max Value 5	Data Entry Type: Whole Number, Min Value 1, Max Value 5	Data Entry Type: Text	Data Entry Type: Text.