# Henry W. Moore School <br> Sau \#15 - Candia School District <br> 12 Deerfield Rd., Candia, NH 03034 <br> (603) 483-2251 

## Kindergarten Questionnaire

## Dear Parents:

We feel you have valuable information to share with us about your child. This information will help with instruction and programming for your child entering school.

Child's name $\qquad$ Nickname $\qquad$
Address: $\qquad$ D.O.B. $\qquad$
Did your child attend preschool? Yes $\qquad$ No $\qquad$
If so, where did they attend? $\qquad$ How long? $\qquad$
Does your child have siblings? Yes $\qquad$ No $\qquad$
If so, please list the name and age of each sibling.

1. $\qquad$ 4.
2. $\qquad$
3. $\qquad$
4. $\qquad$

Does your child get along with his/her siblings? Yes $\qquad$ No $\qquad$
What do you see as your child's strengths? $\qquad$

What does your child like to do? $\qquad$
What makes your child sad, afraid, or uncomfortable?

Which of the following best describe your child? Check all that apply.
$\qquad$ Anxious
Quiet
Confident
Easygoing
Active
Talkative

Cooperative
Cries easily
Demanding
Perfectionist $\qquad$ Friendly
Shy Independent Attentive Flexible Impulsive
___ Kind Helpful Moody Temper
___ Strong Willed Impulsive Self-Confident Responsible

Independent Skills: Check all that apply.
___ Can use the bathroom Has responsibilities at home Can sustain attention for 5-10 min. Can use scissors

Can button, zip, snap clothing
__C Can write first name
Can tie their shoes
___ Can say their address

Are there any family or previous school experiences that may make starting school difficult for your child?
Please explain or check here if you would like to discuss privately $\qquad$ .

Is there any additional information we should be aware of? (social, family, educational)
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