

**Henry W. Moore School  
Sau #15 - Candia School District  
12 Deerfield Rd., Candia, NH 03034  
(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 \_\_\_\_\_ Nickname \_\_\_\_\_

Address: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Did your child attend preschool? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, where did they attend? \_\_\_\_\_ How long? \_\_\_\_\_

Does your child have siblings? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, please list the name and age of each sibling.

- |          |          |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Does your child get along with his/her siblings? Yes \_\_\_\_\_ No \_\_\_\_\_

What do you see as your child's strengths? \_\_\_\_\_

\_\_\_\_\_

What does your child like to do? \_\_\_\_\_

What makes your child sad, afraid, or uncomfortable? \_\_\_\_\_

\_\_\_\_\_

Which of the following best describe your child? *Check all that apply.*

- |                     |                   |                      |
|---------------------|-------------------|----------------------|
| _____ Anxious       | _____ Confident   | _____ Kind           |
| _____ Quiet         | _____ Talkative   | _____ Helpful        |
| _____ Easygoing     | _____ Friendly    | _____ Moody          |
| _____ Active        | _____ Shy         | _____ Temper         |
| _____ Cooperative   | _____ Independent | _____ Strong Willed  |
| _____ Cries easily  | _____ Attentive   | _____ Impulsive      |
| _____ Demanding     | _____ Flexible    | _____ Self-Confident |
| _____ Perfectionist | _____ Impulsive   | _____ Responsible    |

Independent Skills: *Check all that apply.*

- |  |   |
|--|---|
| <input type="checkbox"/> Can use the bathroom                | <input type="checkbox"/> Can button, zip, snap clothing |
| <input type="checkbox"/> Has responsibilities at home        | <input type="checkbox"/> Can write first name           |
| <input type="checkbox"/> Can sustain attention for 5-10 min. | <input type="checkbox"/> Can tie their shoes            |
| <input type="checkbox"/> Can use scissors                    | <input type="checkbox"/> 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 \_\_\_\_\_.

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Has your child ever received services for Early Intervention or been referred for speech, occupational therapy, behavioral or sensory concerns? If yes, please explain.

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

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