

MOORESTOWN TOWNSHIP PUBLIC SCHOOLS
E³+P – Excellence, Equity, Engagement via Partnership

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Director of Curriculum, Instruction, & Innovation

Parent Questionnaire for Children Entering Kindergarten

School of Residence _____ Date of Screening _____

Child's Name _____ Date _____

What would you like us to call your child? (i.e. Tommy, TJ) _____

Birth date _____ Gender _____

1. Please circle characteristics/personality traits that describe your child:

- | | | | |
|---------------------------------|-------------------------|-------------|----------------------|
| Comfortable in new surroundings | Easily upset | Quiet | Clumsy |
| Needs a lot of attention | Slow to warm up | Shy | Fearful |
| Asks for help when needed | Likes to be alone | Easy-going | Clingy |
| Seeks out peers to play with | Smiles a lot | Impulsive | Sucks thumb |
| Over stimulated by noise | Has temper tantrums | Friendly | Good-natured |
| Gets along well with others | Has difficulty sleeping | Plays alone | Right or Left handed |

Comments _____

2. Describe you child's favorite thing to do and/or special interests.

3. Describe experiences your child has with books in your home.

4. Describe any special circumstances/health problems, which have affected your child's development or performance in school. (for example: severe allergies, illness, ear infections, particular learning or attention difficulties, frequent changes of homes or schools, etc.) and/or any current medications. Please explain.

5. Do you have concerns about any area of your child's development?

6. Describe any developmental evaluation/screenings your child has received (Hearing, vision, dental, neurological, speech, occupational or physical therapy, etc.)

7. How much time, approximately, does your child watch television each day? _____

8. Has your child been exposed to any language other than English? Please explain.

9. Has your child attended another early care, education or group instruction setting (child care, Parent's Day Out, preschool, Kindermusic, gymnastics)? If so, where and at what age

10. What do you hope will be included in your child's education program in kindergarten?

11. Describe the marital status of parents and/or custody visiting arrangements (if applicable).

12. List siblings and their ages.

13. List any other members of the household (including pets). _____

14. Does anyone else help to take care of your child on a regular basis?

15. Please add anything else about your child that you would like to share.

Person Completing Form _____ Relationship to Applicant _____
(Please Print)

Signature _____