

**MOORESTOWN TOWNSHIP PUBLIC SCHOOLS**  
*E<sup>3</sup>+P – Excellence, Equity, Engagement via Partnership*

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Director of Curriculum & Instruction

**Parent Questionnaire for Children Entering Kindergarten**

School of Residence \_\_\_\_\_ Date of Screening \_\_\_\_\_

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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 \_\_\_\_\_

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

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

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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.

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

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

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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.

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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

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

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

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12. List siblings and their ages.

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

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

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

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Person Completing Form \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_  
(Please Print)

Signature \_\_\_\_\_