

**MILFORD SCHOOL DISTRICT
JACQUES MEMORIAL SCHOOL
9 Elm Street
Milford, NH 03055
(603) 673-4434 Fax: (603) 249-0009**

KINDERGARTEN PARENT QUESTIONNAIRE

Child's Name: _____

Has your child attended Preschool/Childcare? Yes No

If yes, Where? _____

Does your child cry easily? Yes No Not Sure

Does your child separate easily? Always Not Usually

Comments: _____

Have you had concerns about any of the following?

- | | |
|--|--|
| <input type="checkbox"/> Speech | <input type="checkbox"/> Fine Motor Skills (cutting, coloring) |
| <input type="checkbox"/> Hearing | <input type="checkbox"/> Gross Motor Skills (jumping, running) |
| <input type="checkbox"/> Vision | <input type="checkbox"/> Interaction with Peers |
| <input type="checkbox"/> Behavior/Emotional Issues | |

Please explain _____

Is there any family history of school or learning difficulties? If so, please explain.

Was your child premature? Yes No

Were there any complications at delivery or in infancy that would be helpful for the school to know?
If so, please explain.

(OVER)

Did your child have any serious illness/injury? Yes No
allergies? Yes No

Has your family had any problems or concerns (i.e. divorce, separation, loss of parent or other close family member, frequent moves, etc.) that we should know about?

When your child plays with other children does he/she tend to be:

The Leader The Follower Not Sure

Would your child rather play alone or with other children?

Alone Other Children Not Sure

Do you feel your child handles routine changes well?

Yes No Not Sure

How long will your child sit and listen to a story?

5 minutes 15 minutes Longer than that

Does your child read? Yes No

Please explain _____

What is your child's favorite book?

What hand does your child use to eat, draw, write or cut (with scissors)? Left Right

Please feel free to write anything you feel could have a bearing on how your child will adjust to school.
