

(To be completed by parents)

The following questions are designed to provide information which will help the teacher understand your child and will be treated as confidential.

Name of Child _____

Physical Development

1. Was there anything unusual about your child's gestation, birth or infancy? _____

2. What was your child's birth weight? _____
3. What age did your child crawl? _____
4. At what age did she/he first walk? _____
5. When did she/he start to talk? _____
6. Does she/he have any chronic medical problems eg glue ear, speech difficulties? _____

7. Which hand does your child use the most? **Left or Right** (please circle correct answer)
8. Are there any dietary restrictions the school should know about? _____

9. Is it necessary for his/her physical activities to be restricted for health reasons? _____

10. At what time does your child usually go to bed at night? _____
11. What time do they wake up in the morning? _____
12. What does she/he eat at breakfast? _____
13. Is she/he ordinarily a good eater? _____
14. At what age was your child toilet trained? _____
15. Is your child's daily routine fairly regular or does it fluctuate frequently, please describe briefly? _____

16. Does your child function best in the morning or later in the day? _____

17. Are both parents living at home? _____
18. Who regularly cares for the child besides the mother? _____

19. What is the child's place in the family? (Only, oldest, second etc.) _____
20. Please state the names and ages of sibling/s. _____

21. What language is used at home to communicate with your child? _____



Activities

1. In general, describe your child's main activities during the past year? _____

2. Has your child had previous experience in a group situation, outside the family environment? _____

3. What activities does she/he enjoy with other children? _____

4. Does your child have any special interests both at home and outside the home? _____

5. Are there other children in the neighbourhood for him/her to play with? _____
6. How much television does your child view daily? What are the favourite programmes? _____

7. How much time does your child spend on the computer daily and what programs does your child use? _____

8. What physical activity programs does your child attend? e.g. swimming, soccer, baseball etc. _____

9. Is your child exposed to any educational materials in the home? If so please give examples? _____

10. What activities does she/he enjoy with her/his parents? _____

11. Has your child attended Day Care Centre or Playgroup? If so how often? _____

12. Has she/he ever been away from you overnight and with whom? (friend, relative) _____
13. Has she/he travelled with you? Did she/he like it? _____

14. Does either parent's job take him/her out of town? How often? _____

15. What aspects of the Montessori classroom do you think are most valuable and why? _____

16. What do you hope your child will gain from his/her experiences in this environment? _____

17. What is your understanding of the Montessori Philosophy? _____

