

Midland Montessori School 2022-2023

Getting to Know You

Student Information

PLEASE NOTE: AN ONLINE APPLICATION MUST BE COMPLETE BEFORE FILLING OUT THIS FORM

At Midland Montessori School we strive to provide the most positive school experience for every child in our care. Prior to acceptance, each child is evaluated on the basis of readiness for school and potential for success in a Montessori setting. Your perspective and comments help us to understand your child's needs and your expectations for their education. So that we make the best placement decision, we need to gather as much information as possible about your child. We ask that you answer all questions thoroughly and with as much detail as possible.

Today's Date: _____

Student's Name: _____ DOB _____ M _____ F _____

What grade level are you looking to place your child? _____

Mother: _____ Phone Number _____

Email Address _____

Street Address _____ City _____ Zip _____

Father: _____ Phone Number _____

Email Address _____

Street Address _____ City _____ Zip _____

1. How did you learn about Midland Montessori School? _____

2. Are you familiar with the Montessori Method of learning? _____ If so, from what sources? _____
3. What did you observe during your school tour that appealed to you as an educational environment for your child? _____
4. How many years do you plan to have your child attend our school and/or through what grade level? _____
5. Is your child presently attending a daycare/preschool? _____ If so, where, and describe the experience. _____

6. If this will be a change of school for your child, please explain why you are interested in making a change. _____
7. Will your child be enrolled in any other educational programs/daycares while attending our school? _____
8. What are your child's interests or hobbies? _____
9. How would you describe your child's personality and learning style? _____

10. Does he/she listen attentively? _____
11. Is he/she able to focus on a task? _____
12. Can he/she play independently, without need of adult guidance? _____

13. Does he/she follow adult directions? _____ How does he/she respond to limits or redirection from an adult? _____
14. What is your child's native language? _____
If other than English, how well does your child understand and speak English? _____
Can he/she express needs and thoughts in words? _____
15. Has your child had experience being away from you? Explain _____

16. Does your child have any special learning, behavioral or developmental needs of which you are aware or have been diagnosed by a professional? Please check any/all that apply:

- ☐ ADD/ADHD
- ☐ Asperger/Autism Syndrome
- ☐ Auditory Processing
- ☐ Visual Processing
- ☐ Dysgraphia
- ☐ Dyslexia
- ☐ Oppositional Defiance
- ☐ Other _____

17. Is there a family history of any special learning, behavioral, or developmental needs of which you are aware? Please check any/all that apply:

- ☐ ADD/ADHD
- ☐ Asperger/Autism Syndrome
- ☐ Auditory Processing
- ☐ Visual Processing
- ☐ Dysgraphia
- ☐ Dyslexia
- ☐ Other _____

18. Check the words that best describe your child:

Aggressive	Honest	Immature	Disobedient	Self-Disciplined
Mature	Oppositional	Vivacious	Manipulative	Conscientious
Well-Behaved	Social	Cheerful	Self-Centered	Follower
Shy	Confident	Irritable	Easily Discouraged	Perfectionist
Helpful	Witty	Responsible	Motivated	Leader
Anxious	Articulate	Well-Liked	Organized	Stubborn
Sensitive	Headstrong	Talkative	Playful	Artistic

19. Do you have any concerns about your child? _____

20. Does he/she anticipate the need to use the bathroom without adult reminders? _____
Does he/she use the bathroom independently(able to undress, clean, and redress on their own) at home and other social settings? _____

21. Does your child participate in household chores, duties, or other family responsibilities? _____

22. Who else takes care of your child besides you? _____
23. If parents are divorced, what are the custody arrangements for the child? _____
24. Does the father or mother have any special talents or experiences that they would like to share with the child's class? _____
25. If your child is reading, how often does he/she sit down to read? If not, how often is your child read to? _____
26. How many hours of television/videos does your child watch per week? _____
27. How many hours does your child sleep per night? _____
28. Is your child a good eater? _____
29. Does your child have any persistent fears? _____
30. Does your child have allergies? _____
31. Has your child had any serious illnesses/ health problems or vision/hearing limitations? If so, describe _____
32. Does your child take any prescription medications on a regular basis? _____
33. Was your child born prematurely? _____
34. Please comment on his/her gross and fine motor skills? _____
35. Does your child show definite hand preference? If so, which hand? _____

Thank you for completing this questionnaire.

Questionnaire completed by:

Signature

Date