

Midland Montessori School 2020-2021

Getting to Know You

Student Information

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.

This questionnaire must be returned to the office before scheduling a time for your child's interview.

Today's Date: _____

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

Parent/Guardian's Name (s) _____

Phone Number: _____ Phone Number _____

Email Address _____

Mailing Address _____

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? Preschool only? ____
Through Kinder? ____ Through 3rd Grade? ____ Through 6th Grade? ____
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 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? _____

36. To the following questions, please circle one:

At what age did your child sit up alone?	Early	Typical	Late
At what age did your child crawl?	Early	Typical	Late
At what age did your child stand alone?	Early	Typical	Late
At what age did your child speak his or her first words?	Early	Typical	Late
At what age did your child speak short sentences?	Early	Typical	Late
At what age did your child toilet train when awake?	Early	Typical	Late
At what age did your child stay dry at night?	Early	Typical	Late

Thank you for your time in completing this questionnaire.

This questionnaire was completed by:

X

Signature

X

Date