

***Please include a current photo of your child. If a photo is not included, we will take one during the interview.**

Midland Montessori School 2026-2027

Getting to Know You

Elementary 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.

Today's Date: _____

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

What grade level will your child complete for the 2025-2026 school year? _____

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 teaching? _____
3. List every school your child has attended: _____

4. Has your child been home-schooled? _____ If yes, what grade level/levels? _____
5. Why are you looking to change to a new school? _____

6. What are your educational goals for your child? _____

7. Describe your child's educational experience thus far. What has been successful? _____

What has been challenging? _____

8. Are you familiar with the Montessori Method of learning? _____ If so, from what sources? _____

9. What did you observe during your school tour/or website video that appealed to you as an educational environment for your child? _____
10. How many years do you plan to have your child attend our school and/or through what grade level? _____
11. What are your child's interests or hobbies? _____
12. How would you describe your child's personality and learning style? _____
13. Does he/she listen attentively? _____
14. Is he/she able to stay focused on a task? _____
15. Does he/she follow adult directions? _____ How does he/she respond to limits or redirection from an adult? _____
16. What is your child's native language? _____
If other than English, how well does your child understand and speak English? _____
17. Has your child received any testing or evaluations that would relate to their academic, behavior. Or social performance? _____ If so, what recommendations were made? _____
18. 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 _____
19. 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 _____

20. Does your child have any special needs? (Educational, medical, or psychological?) _____
 If so, describe _____

21. 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

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

23. If your child is reading, how often does he/she sit down to read? _____

24. How many hours of television/videos does your child watch per week? _____

25. How many hours does your child sleep per night? _____

26. Is your child a good eater? _____

27. Does your child have any persistent fears? _____

28. Does your child have allergies? _____

29. Has your child had any serious illnesses/ health problems or vision/hearing limitations?

If so, describe _____

30. Does your child take any prescription medications on a regular basis? _____

31. Was your child born prematurely? _____

Thank you for completing this questionnaire.

Questionnaire completed by:

 Signature

 Date

