

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

**Midland Montessori School 2024-2025**

***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.

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 the need for 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 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 regularly? \_\_\_\_\_
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