

**FAMILY HISTORY**

\*The responses below will not in any way affect the placement of your child, but will further ensure the best instruction for your child's individual needs.

CHILD'S NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

PARENT NAME & PROFESSION: \_\_\_\_\_

PARENT NAME & PROFESSION: \_\_\_\_\_

NAMES OF SIBLINGS: \_\_\_\_\_ AGE: \_\_\_\_\_

\_\_\_\_\_ AGE: \_\_\_\_\_

\_\_\_\_\_ AGE: \_\_\_\_\_

CONCERNS / COMMENTS - Please discuss each point

❖ Speech / Hearing / Vision:

\_\_\_\_\_

❖ Social - individual and in groups:

\_\_\_\_\_

❖ Gross Motor - running, jumping, strides, etc...

\_\_\_\_\_

❖ Fine Motor - printing, colouring, grasping, etc...

\_\_\_\_\_

❖ Academic: \_\_\_\_\_

❖ Why are you attracted to Montessori Education for your child?

\_\_\_\_\_

❖ What are your plans for your child's education over their academic career? Pre-school? Elementary? High School? \_\_\_\_\_

\_\_\_\_\_

❖ What are you looking for in a school for your child? What do you want your child to come away with as a result of his/her experience? \_\_\_\_\_

\_\_\_\_\_

❖ What was the best experience you ever had in school as a child? \_\_\_\_\_

\_\_\_\_\_