

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?
