

## Student Questionnaire

Child's Full Name \_\_\_\_\_ Age \_\_\_\_\_

Today's Date \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_

Other children in the family:

<u>Name</u>	<u>Age</u>	<u>School Attending /Grade</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

### **Academic**

Does your child show a hand preference? \_\_\_\_\_

Do you read to your child regularly? \_\_\_\_\_ How often? \_\_\_\_\_

### **Social Behaviors**

Child helps at home by: making the bed \_\_ helping clean\_\_ setting table \_\_

Child prefers to play: alone \_\_with another child \_\_ in a group \_\_with adult's \_\_

### **Physical**

Does your child have any medicinal, food or other allergies? \_\_\_\_\_

Does your child have any kidney problems? \_\_\_\_\_ Yes, please explain \_\_\_\_\_

Does your child take care of toileting needs by him/her self? \_\_\_\_\_

Does your child still have occasional bathroom accidents? How often? \_\_\_\_\_

Does your child still take a nap? \_\_\_\_\_ Length? \_\_\_\_\_

Does your child have a regular bedtime? \_\_\_\_\_ What time? \_\_\_\_\_

Sleeps through the night? \_\_\_\_\_

Does your child take any prescription medications? \_\_\_\_\_ condition? \_\_\_\_\_

Does your child receive any type of therapy? Speech? \_\_ Physical? \_\_ Other? \_\_

Does your child wear: glasses? \_\_\_\_\_ Hearing device? \_\_\_\_\_

Present health status? \_\_\_\_\_

Health Assessment and Immunizations current? \_\_\_\_\_ (**REQUIRED** health assessment form must be turned in to school prior to start date)

Have you any concerns regarding the following areas of child development?

\_\_vision \_\_coordination \_\_speech \_\_behaviors \_\_hearing \_\_following directions \_\_use of language \_\_ other please explain \_\_\_\_\_

Please describe your child's eating habits \_\_\_\_\_

Are there any limitations in your child's physical activities or health issues we should be aware of? If so, please explain \_\_\_\_\_

## Parents

Father Occupation (company name and job title)

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Mother Occupation (company name and job title)

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Is the child living with both parents? \_\_\_\_ If not, with whom? \_\_\_\_\_

Is there a custody agreement that we need to be aware of? (**REQUIRED**- Please send copy to MCHC office with school paperwork) \_\_\_\_\_

Do you have any special talents such as painting, playing a musical instrument, or a hobby that you would be willing to share with our students? \_\_\_\_\_

Briefly describe your pregnancy and labor and delivery \_\_\_\_\_

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Please describe your child's early years \_\_\_\_\_

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Has your child sustained any type of physical or emotional trauma (ie: surgery, extended hospital stay, etc...)? \_\_\_\_\_

Has your child attended any other type of group program before? \_\_\_\_\_

If so, where? \_\_\_\_\_

Describe your child's experience there \_\_\_\_\_

Accustomed mode of reassurance? \_\_\_\_\_

Activities that bring your child joy? \_\_\_\_\_

How does your child usually respond to stress and frustration? \_\_\_\_\_

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How would you describe your child? \_\_\_\_\_

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What is your current mode of discipline? \_\_\_\_\_

Are you familiar with the Montessori philosophy? \_\_\_\_\_

What are your expectations for your child's growth from the Montessori experience?

Socially? \_\_\_\_\_

Emotionally? \_\_\_\_\_

Academically? \_\_\_\_\_