

## CHILD INFORMATION

*(To be completed by parents)*

*The following questions are designed to provide information which will help the teacher understand your child and will be treated as confidential.*

Name of Child \_\_\_\_\_

### **Physical Development**

1. Was there anything unusual about your child's gestation, birth or infancy? \_\_\_\_\_  
\_\_\_\_\_
2. What was your child's birth weight? \_\_\_\_\_
3. What age did your child crawl? \_\_\_\_\_
4. At what age did she/he first walk? \_\_\_\_\_
5. When did she/he start to talk? \_\_\_\_\_
6. Does she/he have any chronic medical problems eg glue ear, speech difficulties? \_\_\_\_\_  
\_\_\_\_\_
7. Which hand does your child use the most?      Left or Right (please circle correct answer)
8. Are there any dietary restrictions the school should know about? \_\_\_\_\_  
\_\_\_\_\_
9. Is it necessary for his/her physical activities to be restricted for health reasons? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
10. At what time does your child usually go to bed at night? \_\_\_\_\_
11. What time do they wake up in the morning? \_\_\_\_\_
12. What does she/he eat at breakfast? \_\_\_\_\_
13. Is she/he ordinarily a good eater? \_\_\_\_\_
14. At what age was your child toilet trained? \_\_\_\_\_
15. Is your child's daily routine fairly regular or does it fluctuate frequently, please describe briefly? \_\_\_\_\_  
\_\_\_\_\_
16. Does your child function best in the morning or later in the day? \_\_\_\_\_  
\_\_\_\_\_
17. Are both parents living at home? \_\_\_\_\_
18. Who regularly cares for the child besides the mother? \_\_\_\_\_  
\_\_\_\_\_
19. What is the child's place in the family? (Only, oldest, second etc.) \_\_\_\_\_
20. Please state the names and ages of sibling/s. \_\_\_\_\_  
\_\_\_\_\_
21. What language is used at home to communicate with your child? \_\_\_\_\_  
\_\_\_\_\_

**Activities**

1. In general, describe your child's main activities during the past year? \_\_\_\_\_  
\_\_\_\_\_
2. Has your child had previous experience in a group situation, outside the family environment? \_\_\_\_\_  
\_\_\_\_\_
3. What activities does she/he enjoy with other children? \_\_\_\_\_  
\_\_\_\_\_
4. Does your child have any special interests both at home and outside the home? \_\_\_\_\_  
\_\_\_\_\_
5. Are there other children in the neighbourhood for him/her to play with? \_\_\_\_\_
6. How much television does your child view daily? What are the favourite programmes? \_\_\_\_\_  
\_\_\_\_\_
7. How much time does your child spend on the computer daily and what programs does your child use? \_\_\_\_\_  
\_\_\_\_\_
8. What physical activity programs does your child attend? e.g. swimming, soccer, baseball etc. \_\_\_\_\_  
\_\_\_\_\_
9. Is your child exposed to any educational materials in the home? If so please give examples \_\_\_\_\_  
\_\_\_\_\_
10. What activities does she/he enjoy with her/his parents? \_\_\_\_\_  
\_\_\_\_\_
11. Has your child attended Day Care Centre or Playgroup? If so how often? \_\_\_\_\_  
\_\_\_\_\_
12. Has she/he ever been away from you overnight and with whom? (friend, relative) \_\_\_\_\_
13. Has she/he travelled with you? Did she/he like it? \_\_\_\_\_  
\_\_\_\_\_
14. Does either parent's job take him/her out of town? How often? \_\_\_\_\_  
\_\_\_\_\_
15. What aspects of the Montessori classroom do you think are most valuable and why? \_\_\_\_\_  
\_\_\_\_\_
16. What do you hope your child will gain from his/her experiences in this environment? \_\_\_\_\_  
\_\_\_\_\_
17. What is your understanding of the Montessori Philosophy? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_