

CHILD HISTORY

Children's House, Elementary, and Middle School

This child history form is only the beginning of the important communication between home and school. We believe that the more we know and understand each child and the family within which each lives, the better we can serve the child.

We urge both parents to participate in filling out this form. It will focus your attention on your child, perhaps giving you new insights as you share your perceptions with us.

Today's Date: _____

Child's Name: _____ Birth Date: _____

GENERAL INFORMATION:

Mailing Address: _____

Parent #1 Name: _____

Parent #2 Name: _____

Marital Status: Married Single Divorced Separated

<i>Siblings Names</i>	<i>Sex</i>	<i>Birthdate</i>	<i>Age</i>	<i>School</i>
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With whom does the child live? _____

Is there a language other than English spoken at home? _____

What are your child's hobbies or interests?

Is there an enforced bedtime? What time? _____

Does your child nap? How long? _____

What limits have you set for your child at home?

How do you discipline your child?

Parent #1 _____

Parent #2 _____

Describe your child's large and small muscle coordination, especially the hand.

What activities does your child initiate on his/her own?

What activities do you share as a family?

Do you read with your child? _____

Do you engage in daily conversation with your child? _____

Is there any further information you can offer that you may consider helpful in working with your child?

What Montessori literature have you read?

Why did you choose Montessori for your child as opposed to a "traditional" school setting?

Why specifically Alexander Graham Bell School?

CHILD'S PHYSICAL HISTORY:

Is your child adopted? _____ If so, does the child know? _____

Condition at birth? _____

Was the pregnancy full term? _____

Did the mother suffer from pre-existing conditions or illness during pregnancy? (i.e., diabetes, other, please explain)

Did your child nurse? _____ How long? _____

HISTORY OF ILLNESS: Please check all that apply. Explain as needed.

High Temperature: _____

Allergies: _____

Ear Infections: _____

Vision Issues: _____

Hearing Issues: _____

Hospitalizations: _____

Medication: _____

DEVELOPMENT: Please check all that apply. Explain/give ages as needed.

Crawling on belly: _____

Crawling on all fours: _____

Standing: _____

Walking: _____

Is there any other developmental information you would like us to know?

CHILD’S SCHOOL HISTORY: Please list below all prior school/daycares your child attended.

<i>Name</i>	<i>Address</i>	<i>Dates</i>	<i>Reason for Leaving</i>
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
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Describe your feelings about your child’s prior school/daycare experiences:

Describe your child’s feelings about prior school/day care experiences:

Thank you for sharing this information with us!

AGBMS Children’s House, Elementary, and Middle School Directresses