



## 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 about each child and their families, 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>Gender</i>	<i>Birthdate</i>	<i>Age</i>	<i>Previous School</i>

With whom does the child live? \_\_\_\_\_

Is there a language other than English spoken at home? \_\_\_\_\_

What are your child's hobbies or interests?

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Is there an enforced bedtime? What time? \_\_\_\_\_

Does your child nap? How long? \_\_\_\_\_

What limits have you set for your child at home?

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How do you discipline your child? \_\_\_\_\_

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

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

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What activities do you share as a family?

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Do you read with your child? \_\_\_\_\_

Does your child enjoy listening to books? \_\_\_\_\_

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

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What do you know about the Montessori method?

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

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Why specifically Alexander Graham Bell School?

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**CHILD’S PHYSICAL HISTORY:**

Is your child adopted? \_\_\_\_\_ If so, does the child know? \_\_\_\_\_

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

High Temperature: \_\_\_\_\_

Allergies: \_\_\_\_\_

Ear Infections: \_\_\_\_\_

Vision Issues: \_\_\_\_\_

Hearing Issues: \_\_\_\_\_

Hospitalizations: \_\_\_\_\_

Medication: \_\_\_\_\_

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

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**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>

Describe your feelings about your child’s prior school/daycare experiences: \_\_\_\_\_

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

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