



CHILD HISTORY

Infant/Toddlers

This form will help us to understand your child so that we may better serve their developmental needs. We ask that both parents fill it out together, if possible, with the hope that in sharing your perceptions about your child, you will gain new insights too.

Today's Date: _____

Child's Name: _____ Birthdate: _____

GENERAL INFORMATION

PARENT #1

Name: _____

Mailing Address: _____

Years at this address: _____

Occupation: _____

Hours at Work: _____

Cell Phone: _____

Home Phone: _____

Marital Status: Married Single Divorced Separated

PARENT #2

Name: _____

Mailing Address: _____

Years at this address: _____

Occupation: _____

Hours at Work: _____

Cell Phone: _____

Home Phone: _____

Marital Status: Married Single Divorced Separated

<i>Siblings Names</i>	<i>Sex</i>	<i>Birthdate</i>	<i>Age</i>	<i>School</i>

Other caregiver's names and relationships:

_____	_____
_____	_____
_____	_____
_____	_____

Is either parent absent for long periods of time? (Ex: Business trips or works in different state).

Is your child adopted? Yes No If yes are they aware they are adopted Yes No

PHYSICAL HISTORY

Length of pregnancy: _____

Birthweight: _____

Birth length: _____

Any other birth information you feel we should know:

Development: Please check all that apply and give approximate ages.

Rolls over: _____

Crawls: _____

Walks: _____

Talks: _____

Are there any complications or other important details about your child we should know:

HISTORY OF ILLNESS

Explain any accidents, illnesses, injuries, hospitalizations, etc.:

Are there any allergies, medications, etc. we should know about?

Any hearing concerns?

LANGUAGE DEVELOPMENT:

Age of first words: _____

List some first words: _____

Age of first sentences: _____

Example of sentences: _____

Does your child use a pacifier? If so, when is it used? _____

When do you plan on discontinuing use? _____

Describe your child's speech

- Speaks clearly.
- Hard to understand
- Difficulty with sounds.

What is the primary language spoken at home? _____

Any speech concerns? _____

If there are concerns have you discussed them with your pediatrician? Yes No

HOME ENVIRONMENT

How does your child spend his/her time? What does he/she enjoy doing?

When alone:

When with you:

When with other children:

Does you child enjoy listening to books? Yes No

How many hours of television does your child watch per day? _____

What type of play or chores does your child initiate on his/her own?

What activities do you share as a family?

Describe your child's meal times, favorite foods, eating habits, attitude towards food, etc.

What is your child's usual bedtime? _____

Describe your child's bedtime routine and attitude:

What helps him/her fall asleep?

Morning wake up time? _____

Do you wake him/her? _____

Does your child wake during the night? If so, how often? _____

Where does your child sleep? _____

Does he/she nap? When/how long? _____

What limits have you set for your child? How do you discipline?

How do the parenting styles differ between parent 1 and parent 2?

What does your child do for attention and from whom are they seeking it?

Is your child toilet trained? Yes No

If not, what are the plans to achieve it?

What is your child's attitude toward toileting?

To what extent can your child dress him/herself

Describe your child's muscle development (coordination, gross/fine motor skills, etc.) especially the hand:

Tell us about your child. Describe your child's strengths and weaknesses, his/her personality:

Is there any other pertinent information we should have to better know your child? (fears, habits, likes/dislikes, reactions to stress, etc.)

Have you read any Montessori literature? If so, what titles?

Why did you choose Montessori for your child?

Thank you for sharing this information with us!