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

Siblings Names	*Gender*	*Birthdate*	*Age*	*Previous School*

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?_____

_____

_____

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?_____

Does you child enjoy listening to books?_____

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

_____

_____

_____

What do you know about the Montessori method?

_____

_____

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? _____

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?

_____
_____

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

Name	*Address*	*Dates*	*Reason for Leaving*

Describe your feelings about your child's prior school/daycare experiences:_____
_____
_____

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