

BRUSHY CREEK MONTESSORI SCHOOL

Development and Personal History for _____

Date form completed _____ **D.O.B.** _____

These questions are designed to increase the Director's and Teachers' understanding of your child's personality, habits, likes and dislikes, and important people in their life.

Home Life

What is the primary language spoken at home? _____

Does your child speak other languages? If so, please state. _____

With whom does your child live? Both Parents _____ Father _____ Mother _____ Alternates

Both _____ (if so, who is the primary _____) Other _____

Are there any unusual circumstances in the family?

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

Brothers (names and ages) _____

Sisters (names and ages) _____

Health and Development History

Circle any of the following which apply to your child:

Premature Birth Normal Birth Trouble Breathing Head Injury

Has your child had any physical impairments or past medical problems? _____

Do you have any concerns about your child's physical development? _____

Do you have any concerns about your child's language development? _____

Can your child wash their hands independently? _____

Has your child been found to have a learning disability or delay? _____

Please explain 'yes' answers to the above questions: _____

Is your child careful or fearless? _____

Does your child seem well most of the time? _____

List any medications your child is taking now: _____

In a year, has your child had as many as three episodes of ear infections? _____

In a year, does your child usually have more than three colds, throat infections, or other infections with a fever? _____ If yes, which one? _____

Has your child had any of the following diseases? (Please circle all that apply)
Measles Mumps Chicken Pox Other Communicable Diseases _____

Please list any allergies (besides food allergies) your child may have: _____

Has your child ever bitten another child? _____

Diet Record

What are your child's favorite foods? _____

What foods does your child refuse? _____

Does your child have an eating problem? _____

Please list any food allergies: _____

Treatment if necessary: _____

Are there any foods your child should not eat for religious or personal reasons? _____

Can your child feed their self? _____ Use spoon? _____ Use fork? _____

Drink from a cup? _____

Social

Who is your child's primary caregiver at home? _____
What other adults (family or friends) are routinely involved with your child? _____

By nature, is your child: friendly _____ aggressive _____ shy _____ talkative _____

How would you describe their personality? _____

Does your child have the language skills necessary to communicate their needs to the teacher? _____

Does your child demand a lot of attention? _____

What makes your child mad or upset? _____

How does your child show their feelings? _____

What frightens your child? _____

Before your child came to our school, who took care of them? _____

If they were at a previous school, which one? _____

Does your child usually adjust quickly to change? _____

What discipline do you find most effective at home? _____

Sleeping Habits

What time does your child usually go to bed? _____ Awaken? _____

What time does your child usually nap during the day? _____ How long? _____

Bathroom Habits

Toddlers:

Is your child toilet-trained? Yes _____ No _____ In Process _____

What word is used for urination? _____ For bowel movements? _____

Does your child need to go more frequently than every two to three hours? _____

Is your child frightened of the bathroom? _____

Over 3 years:

Can your child be relied on to indicate their need to use the bathroom? _____

Does your child need help in the bathroom? _____

Does your child wet the bed at nap time or during the night? _____

Does your child have accidents? _____ How does he/she react to them? _____

Does your child dress by himself? _____

Parents' Objectives

What are you most interested in seeing the school develop in your child? _____

Signature of person(s) filling out history: _____

Print: _____

Date: _____