



Brushy Creek Montessori School

"The development at which I aim includes the whole child. My larger aim is the eventful perfection of the human race".
- Maria Montessori

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 any 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? _____

Brother(s) name(s) and age(s) _____

Sister(s) name(s) and age(s) _____

Are there any allergies, eating restrictions, or food your child should not be eating for religious/personal reasons? _____

Health and Development History

Circle any of the following which apply to your child:

Premature Birth Normal Birth Trouble Breathing Head Injury

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

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

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

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

Is your child careful or fearless? _____

Does your child seem well most of the time? _____

Has your child had any of the following diseases? (Please circle all that apply)

Measles Mumps Chicken Pox Other Communicable Diseases: _____

Social

Who is your child's primary caregiver at home? _____

What other adults (family or friends) are routinely involved with your child? _____

How would you describe your child's personality? _____

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

What makes your child mad or upset? _____

How does your child show their feelings? _____

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

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? _____

Parents' Objective

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

Signature of person(s) filling out history: _____

Print: _____

Date: _____