



Elementary Application Questionnaire

Student Background Information – Please note that information on this form is NOT used to exclude any child. It is used to help us gain a more complete understanding of the child’s needs and to assess our ability to meet them. You are your child’s greatest advocates and understand him/her better than anyone else. Through this questionnaire, we hope to be able to learn as much as we can about your child to help us get to know him/her better. All information shared within this form shall remain confidential. We appreciate you taking time to give us insight into your child.

About Your Family:

Name of child: _____ Date of Birth: _____

Person(s) filling out this questionnaire: _____

List previous schools or daycare providers for your child: _____

Who lives in the home with your child? I.e. siblings (please list ages), grandparents, pets etc.

In an effort to teach our students about religious and cultural diversity, we incorporate several celebrations from various countries throughout our yearly curriculum. We would appreciate any information you are willing to provide with the following questions in order for us to recognize and celebrate the beliefs and customs of our entire student population. What are some important dates or events that are celebrated in your child’s family? You can also list any religious and/or cultural holidays you observe as a family.

What traditions or customs does your family practice?

Are there any religious and/or cultural celebrations you would prefer your child NOT participate in with their class?

General Development:

Please describe your child’s basic temperament:

How do you see your child in his/her social/emotional development?

Were early childhood developmental milestones reached within age appropriate guidelines?

And if not, were interventions necessary? Please describe.

Does your child have any hobbies, special interests, specialized areas of development, etc.?

Is there any significant medical history about this child, which we should be aware and/or have any diagnostic evaluations (medical, psychological or educational) ever been completed for this child? Please provide details:

**Please note permission to have copies of testing or evaluations may be requested

Does your child seem to eat and/or sleep well? If not, please explain.

Personality Traits

Please indicate the particular strengths and weaknesses of your child in their present school, group setting or other environment, outside of the home:

Please provide reasons for leaving your child's current educational or group environment:

How would you categorize your child's reaction to a new situation?

How would you rate your child's maturity?

____ mature for age ____ immature for age ____ typical for age

Are there any negative behaviors that you have observed in your child? (biting, pinching, hitting). If yes, please describe how you handle the situation:

When you need to discipline your child, what methods do you find work the best?

Are there any specific behaviors you feel you are constantly correcting?

Expectations:

Do you have any specific expectations of what your child should be doing or learning?

How long do you plan to have your child enrolled in our program at Center Grove Montessori?

Center Grove Montessori believes that a strong educational institution is enabled by families that commit to active participation in their child's school community. What level of commitment can we expect from the parent/guardian in becoming an active participant at our school? Are you interesting in volunteering in our classrooms?

How did you hear about us?

Thank you for taking time to fill out this form! We look forward to getting to know your child more in the classroom.