



103 N Jackson Street, Moscow, ID 83843

**Child History**

**I. Child's name** \_\_\_\_\_

Biological parents' relationship:

Living together  One parent deceased  Living separately  Other

**II. Birth and Health**

Date of birth \_\_\_\_\_ Problems at birth? \_\_\_\_\_ or

Date of adoption \_\_\_\_\_ Problems? \_\_\_\_\_

Child's age at adoption \_\_\_\_\_ Does your child know of his/her adoption? \_\_\_\_\_

How was the adoption explained to your child? \_\_\_\_\_

Does your child dress and undress him/herself? \_\_\_\_\_

Describe help needed \_\_\_\_\_

Does your child have a low coat rod and shelves s/he can reach?

**Eating**

What foods are particularly liked? \_\_\_\_\_

What foods are refused?

Foods child should not eat? \_\_\_\_\_

**Sleeping**

What time does child go to bed at night?

What time does child arise in morning?

Any sleeping problems? \_\_\_\_\_

**Elimination**

Words s/he uses when needing to go to bathroom \_\_\_\_\_

**Disease and Physical Difficulties**

Severe Injuries

Operations

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Has child ever had any *difficulty* with hearing, seeing or other bodily functions?

Describe any special help which was given to correct it

Languages spoken in the home? \_\_\_\_\_

Have you noticed any speech problems?

Does your child have frequent colds?

### **III. Family and Child Interaction**

Has anyone other than parents, had a substantial role in the rearing of the child?

Person

Dates

Are there adults, other than parents, now living in the home?

List child's favorite toys and activities

List books which are his/her favorites

How much television does he/she watch?

What are his/her favorite programs?

What playmates are readily available?

How much does he/she get along with other children?

Describe any recurring fears your child exhibits

What is done to deal with these fears?

(continued)

#### **IV. Discipline**

What methods of directing his/her behavior do you most often use?

- redirection of interest
- prevention of undesirable behavior before it occurs
- substitution of one activity now until the desired activity can be done later
- ignoring the behavior
- scolding
- spanking
- depriving of some fun
- problem-solving to focus on real needs
- reasoning
- threatening, "If you don't..., I will..."
- comparing child with another
- isolation
- listening feedback to help child solve his own problem

Other methods: \_\_\_\_\_

#### **V. Reasons for Attending School**

What do you expect your child to get from our school as compared to another school? \_\_\_\_\_

What books about Montessori have you read? \_\_\_\_\_

What kind of communications do you expect between the school and your family? \_\_\_\_\_

What kind of activities do you plan to include at home that would complement the Montessori program? \_\_\_\_\_

What elementary school will your child attend? \_\_\_\_\_

#### **VI. Parents' Interests**

What hobbies, interests, or talents could you share with your child's class?

If you play a musical instrument could you share it with the children? \_\_\_\_\_

What instrument? \_\_\_\_\_

What access to interesting field trip sites do you have? \_\_\_\_\_