

For our toddler and young primary students:

Is your child toilet trained: Yes No What does he/she say when they wish to use the toilet?

Does he/she need help in any of the following: toileting washing hands dressing undressing

Please explain: _____

Pets (list type and name): _____

What responsibilities does your child have regarding the care of this pet? _____

Does your child have any special fears or concerns? _____

Has anyone other than you cared for your child? Yes No If yes, who provided the care and where? _____

Is there any unusual family situation? Please briefly explain: _____

What activities does your child enjoy? _____

How does your child approach new experiences? _____

How would you describe your child's learning style? _____

To better serve your child's educational needs, we need to understand the following.

Has your child been diagnosed with any ongoing medical conditions or learning disabilities such as:

ADD/ADHD ____ Autism Spectrum Disorder ____ Dyslexia ____ Other _____

What about your child do you find amazing? _____

What activities do you most like to share with your child? _____

How does your child handle frustration? _____

Is there something that your child has learned recently that is important to him or her? _____

Is there anything else you would like to share with us that will help us to better understand your child? _____

What do you expect from a Montessori education for your child? _____

Other - Please let us what else we should know about your child. _____