MONTESSORI CHILDREN'S HOUSE

PREPRIMARY PROFILE

Date: _____

Child's Name: _____ **Child's Age:** _____

Birthdate: _____/_____/_____

Mother's Name: _____

Father's Name: _____

I. Developmental History:

Accidents:_____

_____

Illness:_____

_____

Allergies (food, sinus, hay fever, medication):_____

_____

Is your child taking any medication ❑ Yes ❑ No

Any speech concerns? ❑ Yes ❑ No

Any hearing concerns? ❑ Yes ❑ No

Child health? ❑ Good ❑ Fair ❑ Poor

Any physical concerns? _____

Chronic issues? _____

Dietary History (sensitive to certain foods?) _____

_____

II. School History:

Other early childhood programs (e.g. Park District, Sunday School, Parent-Infant, etc.) ❑ Yes ❑ No

Where? _____

How long? _____

Child care/Preschool programs ❑ Yes ❑ No

Where? _____

How long? _____

What do think of his progress in school? _____

_____

_____

III. Tell us about your child. How do you see his/her strengths and weaknesses? Describe his/her personality (Preferences, strengths, challenges, etc.):

_____

_____

_____

_____

IV. Tell us about your child's:

Motor skills:

_____

_____

_____

Language development:

_____

_____

_____

Reaction to stressful situations:

_____

_____

Sleeping patterns:

_____

_____

Dressing skills:

_____

_____

_____

Is your child beginning toilet learning? ❑ Yes ❑ No

Describe your approach and your child's reaction to toilet learning:

_____

_____

What is your approach to discipline at this time?

_____

_____

Are there any unusual circumstances involving your child or any family situation we may need to be aware of?

_____

_____

_____ _____

Parent / Guardian Name signature