Developmental History

Child's Name
Last Middle First Nickname

Date of Birth Place of Birth Sex:

Parents Marital Status: Child Lives with: Other:

Was your child: Adopted Premature Normal Birth

Does your child have any health problems or disabilities? Yes No

If yes please explain:

List any previous illnesses or surgery and at what age:

Father's Name: Age: Mother's Name: Age:

Age when Started to

Crawl	Walk	Say Words	Say Phrases
Months	Months	Months	Months

Daily Schedule

Awakes at Breakfast at Lunch at Nap at to

Dinner at Bedtime Amount of TV time hours per Day week

Programs watched

Does your child have any food allergies, dislike, preferences or restrictions (vegetarian etc.)? Yes No

If yes, please explain:

Does your child have any responsibilities? Yes No

Does your child carry them out willingly? Yes No

if no, who provides the prodding and what kind?

What happens if your child does not carry out his responsibilities?

Can you think of any ways you have structured the home environment to encourage her/his independence?

Relationships:

Are there any other children in the neighborhood?

What ages does she/he play with?

How does she/he relate to them?

Age of sisters

Age of brothers

How does your child relate to her/his siblings?

Does she/he spend a significant amount of time with other adults, e.g.; a relative, a friend? Yes No

Please explain.

Why do you wish to send your child to a Montessori School? What do you expect your child to gain from this experience? Which area of development concerns you most – social, intellectual or emotional?

Has your child attended other schools? Yes No

If so, which ones?

Have you read any Montessori books? any child-rearing books? Which ones?

Signature Date