South Shore Montessori

Your Infant's Personal History
Ages 6 Months to 24 Months

This information will be kept confidential. The purpose is to allow us to know your child's needs, background and personality, so that we may make your child's adjustments to school a pleasant experience. If there are any questions that you feel are too personal, feel free to leave it blank.

Child's Name _____
First Middle Last

Names and ages of siblings that live at home_____

Names and relationships of other family members living at home _____

Does child see or visit other parents on regular basis? _____

Is there a change in child's behavior after time with other parent? _____

Does other parent have permission to pick up child from school? _____

Is any language besides English spoken at home? _____

If so, what language? _____

Does your child have any playmates? _____

Can you explain in detail what kind of care your child has had since birth? _____

_____

Have they been pleasant experiences? _____

How do you expect your child to react the first day of school? _____

How does your child usually react to other children? _____

Does your child have any particular interests? _____

Does your child have any fears or anxieties? _____

Do you read to your child at home? _____ How often? _____

What hopes do you have for your child to accomplish in our school? _____

Are you familiar with the Montessori Method? _____

Describe your child's personality in a group setting _____

How do you deal with rewarding and punishing your child? _____

Does your child throw temper tantrums? _____

Is your child still using a: Bottle? _____ When? _____ Pacifier? _____ When? _____

Is your child a morning or afternoon eater? _____Table food or baby food? _____

What does your child enjoy eating? _____ Dislike eating? _____

Is your child using utensils? _____

Is your child crawling? _____How often does your child nap? _____

Do you and your child have any specific naptime rituals? _____

Does your child have a favorite animal, book, song, or toy? _____

Describe your child in your own words _____

Do you have any pets? _____

What are their names? _____