



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? _____