

Montessori School Of Aurora

Student Profile

Date: _____

Child's Name _____ Nickname _____ Birth Date _____

Siblings:

Name _____ Age _____ Name _____ Age _____
Name _____ Age _____ Name _____ Age _____

Has your child attended any care centers before? If yes:

Where _____ When _____

Describe the program _____

How would you describe your child's eating habits? _____

Generally eats everything _____ somewhat finicky _____

List any food allergies _____ Typical symptoms _____

Present general health status (describe any special needs, speech or hearing problems. Any birth traumas?) _____

List any fears your child has: _____

When you find it necessary to discipline, what do you usually do?

Mother _____

Father _____

Other _____

What is your child's reaction to each discipline? _____

Are there any areas of your child's behavior we should be aware of?

_____ Bed Wetting _____ Hitting _____ Biting _____ Other

Please explain _____

Please check all that apply:

Recent family relocation _____ Date _____

Divorce _____ Date _____

Recent family death _____ Date _____

Extended family in home _____ Date _____

Please check the things that your child has completed:

_____ Use toilet properly	_____ Sit and listen to story for 5 minutes
_____ Wash and dry hands	_____ Can handle simple responsibilities at home
_____ Can recognize shapes	_____ Button / Zip / Snap
_____ Knows colors	_____ Put on shoes and socks
_____ Can describe wishes and needs to others	_____ Recognize their name
_____ Can write own name	_____ Can write own name
_____ Follow simple direction	

Can draw: circle _____ square _____ triangle _____

Does your child have any skills in conflict resolution? _____

Please make any other comments relating to your child that you feel we should know: _____

