



BACKGROUND INFORMATION FORM
PRESCHOOL STUDENTS

CHILD'S NAME: _____

NICKNAMES OF CHILD: _____

DATE OF BIRTH: _____ SEX: _____

NAME OF MOTHER OR GUARDIAN: _____

NAME OF FATHER OR GUARDIAN: _____

CUSTODY-VISITING ARRANGEMENTS: _____

LIST SIBLINGS AND THEIR AGES: _____

ARE THERE ANY OTHER MEMBERS OF THE HOUSEHOLD? _____ IF SO, PLEASE LIST:

WHAT DOES CHILD CALL MOM, DAD, GRANDMA, GRANDPA ETC.? _____

IS YOUR CHILD TOILET TRAINED? _____ IF SO, DESCRIBE ASSISTANCE NEEDED AND

WORDS USED: _____

DOES YOUR CHILD NAP? _____ WHEN: _____

DOES YOUR CHILD HAVE A SPECIAL BLANKET OR OBJECT THAT HELPS CALM THEM DOWN IF THEY

ARE UPSET? _____

WHAT TIME DOES YOUR CHILD GO TO BED AT NIGHT? _____ WAKE UP? _____

DOES YOUR CHILD HAVE SPECIAL FEARS? _____

DID YOUR CHILD HAVE ANY DIFFICULTIES AT BIRTH? _____

DOES YOUR CHILD HAVE ANY PROBLEMS WITH VISION OR HEARING? _____

DOES YOUR CHILD HAVE ANY HEALTH PROBLEMS THAT WE SHOULD BE AWARE OF?

ARE THERE ANY FOODS OR DRINKS THAT YOUR CHILD SHOULD NOT HAVE? _____

DO YOU HAVE ANY CONCERNS ABOUT ANY ASPECT OF YOUR CHILD'S DEVELOPMENT?

AT WHAT AGE DID YOUR CHILD...

CRAWLED ON HANDS AND KNEES _____ SAT ALONE _____ WALKED _____

NAMED SIMPLE OBJECTS _____ SPOKE IN COMPLETE SENTENCES _____

SLEPT THROUGH THE NIGHT _____ TOILET TRAINED _____

DO YOU FEEL YOUR CHILD'S SPEECH IS CLEAR? _____

CAN STRANGERS UNDERSTAND WHEN HE/SHE SPEAKS? _____

IS THERE ANY OTHER LANGUAGE THAN ENGLISH USED IN YOUR HOME? _____

LIST ILLNESSES YOUR CHILD HAS HAD: _____

DOES YOUR CHILD HAVE FREQUENT COLDS? _____

SORE THROATS? _____ STOMACH ACHES? _____

HAS YOUR CHILD HAD ANY SERIOUS ACCIDENTS OR OPERATIONS? _____

IF YES, PLEASE EXPLAIN: _____

DOES YOUR CHILD HAVE ANY ALLERGIES? _____ PLEASE DESCRIBE: _____

DOES YOUR CHILD TAKES ANY REGULAR MEDICATIONS? _____

WHEN WAS YOUR CHILD LAST TO A DOCTOR? _____

WHEN WAS YOUR CHILD LAST TO A DENTIST? _____

ARE THERE ANY SPECIAL MEDICAL PHYSICAL, OR EMOTIONAL NEEDS THAT THE SCHOOL OR STAFF SHOULD BE AWARE OF? _____

HOW MUCH TELEVISION DOES YOUR CHILD GENERALLY WATCH EACH DAY? _____

WHAT DOES YOUR CHILD ENJOY DOING WITH FAMILY? _____

WHAT DOES YOUR CHILD ENJOY DOING WITH OTHER CARETAKERS? _____

DOES YOUR CHILD PLAY WELL ALONE? _____ IN GROUPS? _____

ARE THERE NEIGHBORHOOD PLAYMATES? _____ IF SO, WHAT AGE? _____

DOES YOUR CHILD ACCEPT CORRECTION EASILY? _____

WHAT IS THE METHOD OF BEHAVIOR CONTROL USED IN YOUR HOME? _____

PLEASE CIRCLE ITEMS BELOW THAT DESCRIBE YOUR CHILD

HAPPY AGGRESSIVE FRIENDLY MOODY QUIET STUBBORN

DEPENDENT IMPULSIVE FEARFUL SHY GOOD-NATURED

EVEN-TEMPERED ATTENTIVE SYMPATHETIC SLEEPY

OTHER: _____

HAS YOUR CHILD LEARNED TO...

SAY NURSERY RHYMES? _____ SING SONGS? _____

LISTEN TO STORIES? _____ SAY HIS OR HER NAME? _____

DRESS SELF INDEPENDENTLY? _____ RECOGNIZE AND NAME COMMON OBJECTS? _____

COUNT? _____ HOW FAR? _____

FOLLOW SIMPLE DIRECTIONS? _____ THROW AND CATCH A BALL? _____

NAME BASIC COLORS? _____ HOP ON ONE FOOT? _____

BALANCE ON ONE FOOT? _____ RIDE A TRICYCLE? _____

WRITE NAME? _____ DRAW A PERSON? _____

OTHER? (PLEASE NOTE ADDITIONAL SIGNIFICANT ACCOMPLISHMENTS) _____

HAS YOUR CHILD HAD GROUP PLAY EXPERIENCES? _____

HAS YOUR CHILD BEEN CARED FOR BY SOMEONE BESIDES THE FAMILY? _____

HAS YOUR CHILD GONE TO PRE-SCHOOL OR DAYCARE BEFORE? PLEASE EXPLAIN EXPERIENCES.

WHAT DO YOU HOPE WILL BE INCLUDED IN YOUR CHILD'S PRESCHOOL PROGRAM? _____

PARENT PARTICIPATION

_____ I AM INTERESTED IN ATTENDING PARENT EDUCATION CLASSES AT MONTESSORI?

_____ I WOULD BE ABLE TO VISIT THE CLASSROOM AND PARTICIPATE IN THE FOLLOWING ACTIVITIES:

___ COOK SEASONAL OR ETHNIC FOODS WITH CHILDREN _____
ETHNIC TYPE

___ SING OR PLAY MUSICAL INSTRUMENTS WITH CHILDREN

___ DRIVE ON FIELD TRIPS

___ SEND IN A HEALTHY SNACK ONCE A MONTH

___ WORK ON SMALL CONSTRUCTION PROJECTS (SHELVES, PLAYGROUND, ETC.)

___ READ TO CHILDREN

___ LISTEN TO CHILDREN READ

___ HELP AT BOOK SALES AND OTHER FUND RAISERS

PARENT SIGNATURE

DATE