Parent Questionnaire

Student Name: DOB:

Mother’s Name: Father’s Name:

1. Tell us about your child. (likes/dislikes/habits; etc.)
2. What are your expectations in coming to Springwood Montessori?
3. Please list any Allergies that your child has, the severity, and what to do in that situation.
4. Is your child an only child? If no, how many siblings?
5. Do you have any pets?
6. What approach to discipline do you use? (circle all that apply) Redirecting behavior Offering Choices Natural Consequences

Conscious Discipline Punishment/Rewards Explaining why the rules are what they are Time out (if so, how long?) Other:

1. What are your immediate goals for your child (*circle all that apply*)?

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| --- | --- | --- | --- |
| Socialization | English Acquisition | | Strong academic foundation |
| Toile training (for Toddlers) | Safety | | Happiness |
| Friendship | Love of Learning | |  |
| What are your long-term goals for your child (*circle all that apply)*? | | | |
| 2nd / 3rd language learning opportunities | | Love of learning | Independence |
| Self-organization | | Self-initiative | Friendship |

8.

Learning to help others Ability to work cooperatively

1. Does your child speak any language other than English? If so, what other language?
2. Does your child take naps?
3. Can you tell us a little about your child’s eating habits? Are they picky eaters? Food Allergies? Etc.
4. Has your child been in a Montessori environment before?
5. Are you well acquainted with Montessori? Or would you like to learn more?
6. Tell us about yourself.