



# Shamrock Montessori

## Child History

i. **Child's Name** \_\_\_\_\_

Biological parents' relationship

\_\_\_\_\_ Living together \_\_\_\_\_ Living separately

\_\_\_\_\_ One parent deceased \_\_\_\_\_

ii. **Birth and Health**

Date of birth \_\_\_\_\_ Problems at birth \_\_\_\_\_ or

Date of adoption \_\_\_\_\_ Problems \_\_\_\_\_

Child's age at adoption \_\_\_\_\_ Dose 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? \_\_\_\_\_

Does your child have frequent colds? \_\_\_\_\_

### **Eating**

What foods are particularly liked? \_\_\_\_\_

What foods are refused? \_\_\_\_\_

Dose your child have any known allergies? ( ) yes ( ) no

If yes please list allergens, medications, and special instructions:

\_\_\_\_\_

### **Sleeping**

What time does child go to bed at night? \_\_\_\_\_

What time does child arise in the morning? \_\_\_\_\_

Any sleeping problems? \_\_\_\_\_

### **Elimination**

Words s/he uses when needing to go to bathroom

\_\_\_\_\_

### **Disease and Physical Difficulties**

Severe injuries

Date

Operations

Date

\_\_\_\_\_

\_\_\_\_\_

Has child ever had any difficulties with hearing, seeing or other bodily functions?

\_\_\_\_\_

Describe any special help which was given to correct it:

\_\_\_\_\_

**Language**

Languages spoken in the home \_\_\_\_\_

Have you noticed any speech problems? \_\_\_\_\_

**iii. Family and Child Interaction**

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 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?

\_\_\_\_\_

\_\_\_\_\_

**iv. Expectations for Attending School**

How would you describe your child?

\_\_\_\_\_

How does your child express and cope with anxieties, anger, and / or frustration?

\_\_\_\_\_

What do you expect your child to get from our school?

\_\_\_\_\_

What kind of communications do you expect between the school and your family?

\_\_\_\_\_

What else would you like us to know about your child or about you?

\_\_\_\_\_

\_\_\_\_\_