

# New Student Questionnaire

Today's Date:

Child's Name:

DOB:

Form completed by:

Phone(h):

1. How long have you lived in your current house?
2. How many family members live in your household and how are they related to your child?
3. How old are your child's siblings, if any?
4. Do you travel with your child or take family vacations? How often?

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1. In what activities does your child participate?
  2. Does your child particularly enjoy a certain toy, activity, or environment?
  3. Does your child enjoy working or playing independently?
  4. How often does your child watch television or videos? Listen to music?
  5. How frequently do you read to your child?

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1. To what extent does your child socialize with other children?
  2. Does your child respond well to new people?
  3. Does your child seek attention from other adults?
  4. Does your child adapt fairly easily to new situations?

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1. What responsibilities do you delegate to your child?
  2. Does your child enjoy responsibility?
  3. Is there any aspect of your child's behavior that you find particularly disruptive or difficult to handle?
  4. When you find it necessary to discipline your child, what do you usually do?

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5. Does your child have any particular fears or dislikes?

6. What are your child's most desirable qualities?

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1. Does your child enjoy food and/or sitting down for a meal?

2. If your child refuses certain foods or won't eat, what do you do?

3. At what times does your child usually get hungry or ask for a snack?

4. Is there anything we should know about your child's eating habits?

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1. Does your child nap during the day? If so, at what time and for how long?

2. What is your child's usual bedtime? Waking?

3. How does your child indicate the need to go to the bathroom (in words) and is your child consistent/dependable?

4. To what extent is your child able to dress himself/herself?

5. If known, please indicate your child's age for the following:

Crawling \_\_\_\_\_ Standing \_\_\_\_\_ Walking \_\_\_\_\_  
Babbling \_\_\_\_\_ Words \_\_\_\_\_ Sentences \_\_\_\_\_

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1. How much do you know about Montessori philosophy? If you want to know more, please attend our Back-to-School Night in September and our kindergarten informational meeting in December.

Very little (just what I learned at the tour)

Some (only based on recommendations)

Quite a bit (based on research or experience)

2. What aspects of our Montessori program most appealed to you? What are your goals for your child while at FMS?

3. Where do you plan to send your child for kindergarten?

4. What is your neighborhood elementary school?

5. Is there anything else you feel we need to know? Do you have any concerns?