



Middletown Montessori School
30 E. Forge Road
Media, PA 19063
610-891-7214 - fax: 610-891-0967
www.middletownmontessorischool.com

DATE _____

Background Information

CHILD'S NAME _____ DOB _____ (M/F) _____

What would you like your child to be referred to at school? (i.e., for cubbie, name tracing, and work drawer)

It would be helpful to the staff if you would take the time to answer the following questions. Each child is unique, and knowing something about his or her activities, interests, habits and history helps the teachers to better understand and serve the child's needs. All information is confidential.

Has your child had play experience? _____ Where? _____

Does your child enjoy playing alone? _____

Does your child have neighborhood playmates? _____

Do other children tend to stimulate your child? _____ Make him/her shy? _____

Child relates best to people of what ages? _____

List any fears your child may have _____

Does your child have any problems of which we should be aware? _____

Describe your child's personality _____

Outdoor play activities include _____

Indoor play activities include _____

Other interests and activities _____

Does your child initiate his/her own activities? _____

Is he/she read to? _____ How often? _____

Does your child participate in dressing? _____

Does he/she need help going to the bathroom? _____ What word does your child use for:

Urination _____ bowel movement _____

Cubville and Pandaville (**only**) – Are you work on toilet training? _____

What method of behavior control is used at home? _____

Does your child have any allergies? _____

If so, are they life threatening? _____