



Child Profile Survey

Child's name: _____ What name would you like us to use at school? _____

Other children in Family: Name(s)/Ages: _____

What words quickly come to mind when you describe your child? _____

What is your family's approach to discipline? _____

What aspects of your child's personality lead you to believe that s/he would thrive in a Montessori environment? _____

Do you have any reports or evaluations (child psychologist, speech therapist, PT/OT etc...) that you can share with us? _____

If your child was adopted, at what age did s/he join your family? _____

Has your child had caregivers other than parents? If yes, who provided the care and where? _____

Does your child have any dietary restrictions? _____

Is your child taking any medication on a regular basis? If so please explain: _____

Does your child have any special fears? _____

(Please complete other side)

Great Valley
75 Lancaster Avenue
Malvern, PA
19355
610.240.0442

Malvern
315 Central Avenue
Malvern, PA
19355
610.644.2221

Paoli
1510 Russell Road
Paoli, PA
19301
610.640.3864

Royersford
70 Buckwalter Road,
Suite 750
Royersford, PA 19468
610.948.4264

West Chester
1385 Birmingham Rd.
West Chester, PA
19382
610.399.6699

Wilmington
1 Middleton Drive
Wilmington, DE
19808
302.235.2554

Does your child have any disabilities or any special needs? _____

Does s/he need help in: (please circle and explain) toileting, undressing, dressing, washing hands, eating?

Is your child toilet trained? _____

What does s/he say when s/he wishes to use the bathroom? _____

Does your child have a pet? If so what kind and what is its name: _____

What are your child's favorite games, toys, and activities? _____

What are your child's least favorite activities? _____

What time does your child go to bed? _____ Get up? _____ Nap? _____

Does your child watch TV? If so, what programs/videos and with whom? _____

At what age did your child begin to speak? _____ Does s/he speak in 2-3 word phrases or sentences? _____

Are there languages other than English spoken in your home? If so, what language(s) and by whom:

Has your child experienced any traumatic events at home (divorce, or death in the family etc...)? Please explain: _____

Any comments which will help us better understand your child? _____

