



Madrone Montessori School Family/Student Profile

Revised 6/2/17

Initial School Year: _____ Date: _____

Child's Name: _____ Birth date: _____

Child's Nickname: _____

Home Environment

Parents/Guardians:

Occupation:

Name #1 _____

Name #2 _____

Siblings Living at Home:

_____ Age: _____

_____ Age: _____

_____ Age: _____

_____ Age: _____

Pets: _____

Family religious/cultural observances: _____

Food/Diet Specifications: _____

Social and Emotional Development

Observations are an important part of our Montessori Classroom. Daily teachers observe children and their style of learning. We are able to discover many characteristics and developments such as a child who may learn visually rather than in a group with an emphasis of more listening. By discovering these unique qualities, teachers are effectively able to provide students with interactions that best assist/guide his/her learning. With this in mind, we would like you to take this opportunity to list some observations of your own regarding your child in his/her home environment. These observations will provide the teacher with additional insight to consider when working with your child.

Describe your child's personality. _____

List any concerns you may have related to behaviors you would like your child to work on related to his/her social and emotional development.

Share some situation at home where you feel your child has expressed frustration in his/her personal relationships with siblings or friends.

List your child's strength when working in both groups and individually.

List learning styles/characteristics you have observed in your child's previous school experiences and share how these fit with those of your child.

Share some situations where you feel your child has expressed a high level of productivity and sense of success. _____

List any concerns you have regarding social behaviors that may challenge your child's progression at school. _____

Please comment on the following related to your child:

Attention Span: _____

Curiosity: _____

Asks Questions: _____

Independent: _____

Respect of Property and Others: _____

Shares: _____

Positive Self-Esteem: _____

Good Self Image: _____

Relates Well With Others: _____

Expresses Own Ideas: _____

Special Interests

Describe your family's special interest in the areas of music, dance, sports, culture, and hobbies: _____

Is your child active in these special interests?

Health History

In addition to the California School Immunization Record and Physician's Report Form included in this Parent Packet, please comment on the following:

List any special health difficulties that your child may have related to:

Allergies: _____

Vision: _____

List Most Recent Vision Exam: _____

Hearing: _____

List Most Recent Hearing Exam: _____

List Most Recent Medical visit and the reason for this: _____

List Most Recent Physical/Well-Child Exam: _____

What illnesses/conditions has your child experienced:

Asthma: _____

Bronchitis: _____

Chicken Pox: _____

Measles: _____

Poison Oak: _____

Pink Eye: _____

Seizures: _____

Strep Throat: _____

Other: _____

Medical related comments you wish to share: _____

Any other information you wish to share: _____
