

Novi Woods Montessori

Parent Questionnaire: Preschool & Kindergarten

This questionnaire helps your child's teacher get to know your child better. It allows your child's teacher to optimize their learning and help transition them to Novi Woods Montessori's program comfortably. This is a broad questionnaire for children of multiple ages. There are no right or wrong answers. We expect some answers to be N=No or Not Yet. For activities, try them with your child before answering.

Child's Name: _____

Child's Birthdate: _____ Child's age: _____

List any allergies your child has: _____

List any food restrictions: _____

What is your child's primary language? _____

How do you think your child will do transitioning to a preschool environment? _____

How do you think your child will do in a large group setting?

List any child care/preschool experience:

Why did you leave your previous child care/preschool?

In what kind of environment do you think your child would learn best? _____

How many hours does your child sleep a night? _____

Please list 5 adjectives which describe your child? _____

What are your main goals for your child this year? _____

Are there any special concerns you would like us to know about? _____

For the following questions, please circle one option:

Y= Yes S= Sometimes N= No or Not Yet

Is your child fully toilet-trained? Y S N

Does your child take a nap? Y S N

Does she/he feed themselves? Y S N

Can he/she follow simple commands at home? Y S N

Does she/he take turns by waiting while another child/adult takes turn? Y S N

Can she/he point to at least 7 body parts correctly? Y S N

Does he/she enjoy reading books with you? Y S N

Can she/he throw a ball? Y S N

Can he/she stand on one foot for one second? Y S N

Can she/he jump forward at least 6 inches with both feet leaving the ground? Y S N

Does he/she like to line items up or organize them? Y S N

If she/he wants something out of reach, do they find a stool/chair to stand on? Y S N

Does he/she feed themselves? Y S N

Does she/he put on a coat by themselves? Y S N

Does he/she have a routine schedule at home? Y S N

Does she/he have a regular bedtime? Y S N

Does he/she watch TV more than 1 hour per day? Y S N

Does she/he play video games/computer more than 1 hour per day? Y S N

Does he/she participate in household chores or other family responsibilities? Y S N

Does she/he generally prefer to do things independently & try new things? Y S N

Do you think your child hears well? Y S N

Do you think your child sees well? Y S N

Can you understand most of what he/she says? Y S N

Can other people understand your child? Y S N

Do you think he/she acts like other children their age? Y S N

List Names & Numbers in order of how you'd like to be contacted if your child's teacher needs to contact you during the day:

1. Name _____

Number _____

Number _____

2. Name _____

Number _____

Number _____

*** Add any additional information on the back ***