

Novi Woods Montessori

Toddler Enrollment Questionnaire for Parents

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. We do not expect children to be able to do all of these activities. Please do not worry if your child is not doing every activity on this list. It is not a test!

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 school 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? _____

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

Does your child point to, pat or try to pick up pictures in a book? Y S N

Does your child say more than 5 words? Y S N

Does your child point to items they want? Y S N

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

Does your child walk and rarely fall? Y S N

If she/he wants something out of reach, do they find a way to get it themselves? Y S N

Is your child interested in books you read to him/her? Y S N

Does your child turn pages of books him/herself? Y S N

Can your child stack at least 3 blocks? Y S N

Can your child pick up an object like a Cheerio with his/her thumb and 2nd finger? Y S N

Does your child imitate activities that you do? Y S N

Does she/he play with small toys or dolls? Y S N

Does he/she come to you when he/she needs help? Y S N

Does he/she feed themselves? Y S N

Does she/he try to dress by themselves? Y S N

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

Does she/he have a regular bed time? Y S N

Does he/she watch TV more than 1 hour per day? 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 ***