



Parent Questionnaire

Name of Child: _____

Date of Birth: _____

1. Tell us about your child. (Likes/ dislikes/ habits; etc.)

2. What are your expectations in coming to Elements Montessori?

3. Can you tell us about the home situation? Does your child have 2 homes? Frequency of each, etc....

4. Is your child an only child? _____ If no, how many siblings? _____

5. Do you have any pets? _____

6. What approach to discipline do you use? (Check all that apply)

Redirecting behavior Offering choices Natural Consequences

Conscious Discipline Punishment/Rewards Explaining why the rules are what they are

Time out (if so, how long?) _____ Other: _____

7. What are your immediate goals for your child (circle all that apply)?

Socialization English Acquisition strong academic foundation

Toilet training (for toddlers) Safety Happiness

Friendship Love of Learning other: _____

8. What are your long- term goals for your child (circle all that apply)?

- 2nd/3rd language learning opportunities Love of Learning Independence
 Self-organization Self-initiative Friendship
 Learning to help others Ability to work cooperatively other: _____

9. Does your child speak any language other than English? If so, what other languages?

10. Does your child take naps? _____ How long? _____

11. Can you tell us a little bit about your child's eating habits? (Are they picky eaters/ Food allergies/etc.)

12. Has your child been in a Montessori environment before?

13. Are you well acquainted with Montessori? Would you like to learn more?

14. Briefly tell us about yourself.

Name of parent/guardian that filled this form: _____

Date: _____