



Getting to Know Your Child Teacher Information Sheet

In order for our team to be sensitive to the individuality that your child brings to Alpha Montessori School, please complete this form and submit with an up to date picture of your child it to Alpha Montessori School by August 15th.

Child's Name _____ Preferred name _____

DOB ___/___/___ Gender M F Present School/ Daycare _____

Person Completing Form _____

Relationship to Child _____

Please circle characteristics/ personality traits that describe your child:

- | | | | |
|---------------------------------|-------------------------|-------------|--------------------|
| Comfortable in new surroundings | Easily Upset | Quiet | Clumsy |
| Needs a lot of attention | Slow to warm up | Shy | Fearful |
| Asks for helpful when needed | Likes to be alone | Easy-going | Clingy |
| Seeks out peers to play with | Smiles a lot | Impulsive | Sucks thumb - Oral |
| Overstimulated by noise | Has temper tantrums | Friendly | Good-natured |
| Gets along well with others | Has difficulty sleeping | Plays alone | Hides |

Describe your child's favorite things to do and or special interests.

Describe any special circumstances/ health problems, which have affected your child's development. For example: severe allergies, illness, ear infections, particular learning or attention difficulties, frequent changes of home or schools, etc.

Describe any developmental evaluations/screenings, therapies or medical interventions your child has received (hearing, vision, dental, neurological, speech, occupational or physical therapy, etc.)

Describe any circumstance(s) that has or may impact your child (i.e. loss of a loved one, recent move, new baby, family dynamic change) If yes please explain

Describe your child's reaction to, and behavior in, a new or unfamiliar setting.

Is there anything else that would be helpful for us to know about your child or family?

Does your child have any significant fears or anxiety issues? (Fear of dark, bugs, loud noises)

Does your child have any food allergies or dietary restrictions? Yes No

If yes, please explain

Does your child take daily medications? Yes No

If yes what?

Describe your child's eating habits (typical diet, meal times, appetite, favorite food, and any foods not allowed)

Does your child's eating habit dictate what is fixed for meals? Yes No

Does your family sit together for meals? Yes No

At what age did your child?

Crawl

Walk

Talk

Describe your child's toilet level at this time:

- Diapers
- Bladder only
- Bladder and bowel trained
- Wears protection only at night

Describe your child's sleeping habits

What is your child's nap/night routine to fall asleep? (Rocked, back patted, by self, books, lovey, etc.)

How many hours per night?

Bedtime?

Sleep all night or frequently awake

Where does child sleep? Crib Toddler Bed Regular Bed Family Bed

Do they nap? Yes No When and how long? 0

How does your child wake up in the morning? Happy, needs lots of help, etc.

Does your child:

Dress their self? Yes No

Readily show emotion? Yes No

Respond to requests? Yes No

Respond to boundaries? Yes No

Stay with other adults easily? Yes No

Has your child ever wandered away from you? Yes No

If yes, be specific where, when and number of times

Discipline used in home:

How often do you leave your child with other adults? _____

Does your child play with other peers? How often? _____

How many minutes a day does your child have screen time? _____

How many minutes a day does your child play by their self? _____

What does your child do on days they are not attending Alpha? _____

How often do you read to your child? _____

Is your child had the opportunity to be exposed to any language other than English? Please explain.

Describe any early care, education or group instruction setting (child care, preschool, gymnastics, dance, swimming) that your child has attended.

	Setting 1	Setting 2
Name of Program		
Dates of Attendance (month/year)		
How many days a week?		
Total number of children in group		
Age range of children in group		
Describe your child's adjustment to each setting		

List family members

Name	Relationship	Day with this family member
_____	_____	_____
_____	_____	_____
_____	_____	_____

Is there a court order regarding custody? Yes No If yes, please explain

Please circle if you would like to volunteer your time with any of the following:

- Classroom Volunteer Cooking Fundraising Gardening Party Planning
Rest time Readers Art & Crafts Book Fair