

PERSONAL HISTORY

Child's name _____

Is child's mother living _____

Is Child's father living _____

Is Child adopted _____ What age _____

Are parents divorced _____

With which parent does the child live _____

Are there adults other than the parents present daily in the child's home environment

Has your family moved frequently _____

Has your family moved recently _____

Has your child had a serous illness, accident or handicap _____

If yes is that condition (or results) still a factor in the child's life _____

Is the child aware of his/ her condition _____

Has the family received counseling _____

Why do you feel Montessori's program will be beneficial to your child