

Montessori School of Greater Hartford

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Elementary Program Questionnaire

Child's full name _____

Nickname? _____ Date of Birth _____ Gender _____

Address _____ City _____ State _____ Zip _____

General Health History

Describe your child's general health condition _____

Is there any pertinent information concerning your child's pre-natal, birth and first years that you would like to share? _____

Has your child had any severe injuries or illnesses? Please explain. _____

Has your child been hospitalized? _____ Duration _____

Does your child have any physical restrictions? _____ If yes, describe briefly _____

When was your child's last visit to a doctor? _____ Why? _____

Does your child have any allergies? _____ Please explain. _____

Is your child on any routine medication? _____ Please explain. _____

Behavior

Describe your child's general temperament _____

Circle the words that best describe your child:

- | | | | | |
|---------------|------------|--------------|-------------|-----------|
| happy | sensitive | friendly | impulsive | moody |
| quiet | dependent | stubborn | independent | attentive |
| industrious | withdrawn | agile | fearful | shy |
| even tempered | aggressive | good natured | industrious | playful |

Does your child have any special fears? _____ If yes, please describe _____

What are your child's favorite activities? _____

Does he/she have any special experiences or interests? _____

Does your child watch television and/or videos, play computer or video games? _____
How long each day? _____

What is the general mode of discipline for your child at home? _____

Does your child accept correction easily? _____

Please indicate if your child has had to cope with any of the following:

Recent move? _____ Separation from a loved one? _____ Who? _____
How? (death, estrangement, divorce, other) _____

Daily Routine

What time does your child get up: in the morning? _____ and go to bed at night? _____

Does your child sleep through the night? _____ Describe the ease/difficulty of these times for your child. _____

Social Relationships

Does your child relate easily to strangers? _____

What does your child enjoy doing with Mom? _____

What does your child enjoy doing with Dad? _____

Does your child play well alone? _____ With children of his/her own age? _____
Older children? _____ Siblings? _____

Does your child participate in lessons, sports teams, other group activities out of school? Please explain.

Name of most recent school that your child has been in. _____

Length of time in program? _____ May we contact them? _____

Name of Teacher _____ Phone # _____

Why do you want to send your child to a Montessori school? _____

What are your wishes, desires, etc. for your child now and in the future? _____

Additional comments _____

Mission Statement

The mission of the Montessori School of Greater Hartford is to encourage children to become self-directed lifelong learners, by following the needs of the individual child within a diverse and cooperative community.

The Montessori School of Greater Hartford welcomes students of any race, color, national and ethnic origin