FORM #5
Please complete and return ASAP

RAINBOW MONTESSORI SCHOOL
4 Madison Avenue | Madison, NJ 07940 | 973-377-0135
Academia and The Arts: Perfect Together

INFORMATION ABOUT YOUR CHILD

NEW STUDENTS ONLY

1. Child's Name:_____D.O.B._____Color Group_____

2. Siblings - Names (Relationship) and Age:

_____

_____

_____

3. Pets - Types and Names:_____

4. Have there been any major changes in your child's life in the past 6 months? _____

_____

_____

5. What does your child like to do? _____

_____

_____

6. Where did your child previously attend school?_____

7. At what age did your child sit up unassisted? _____

8. At what age did your child crawl?_____

9. At what age did your child walk?_____

10. At what age did your child speak: _____

Single words_____Phrases_____Sentences_____

11. Estimate your child's vocabulary at age two:_____

12. At what age was your child completely toilet trained?_____

13. Was your child premature?_____How many weeks?_____

14. Is there a history of learning disabilities in your family?_____

_____

15. Is there a history of late speech development in your family?_____

_____

16. Is there a history of auditory difficulty in your family?_____

17. How many ear infections has your child had since birth?_____

18. Has your child had any serious injuries or accidents since birth?_____

_____

19. Has your child had any operations since birth?_____

20. How would you best describe your child's overall emotional behavior?_____

_____

_____

21. How well do you feel that your child accepts limitations?

From parents:_____ Other adults:_____

22. How does your child express his/her anger, frustration?_____

_____

23. What types of situations create frustration for him/her?_____

_____

_____

24. How would your describe your child's social abilities?_____

_____

_____

25. What particular fears does your child have?_____

_____

26. Does your child have nightmares or night terrors?_____

27. Does your child usually nap?_____ How often?_____

28. What time does your child go to bed?_____

29. Please share with us any special words that your child uses in regards to going to the bathroom. _____

_____

_____

30. What do you hope your child will gain from his/her school experience this year?_____

_____

_____

_____

31. Are there any specific skills that you feel your child needs to work on?_____

_____

32. Is there anything else about your home life that we should know?_____

_____

_____

33. What holidays does your family celebrate?_____

34. Do you feel that your child is left handed or right handed?_____

35. What time does your child wake up in the morning?_____

36. Do you wake him/her, or does your child awaken on his/her own?_____

37. Has your child had the chicken pox? _____

38. What is your child's first language? _____

39. Are other languages spoken in your home? _____ Which ones?_____

40. Has your child ever had a Speech & Language screening or evaluation?_____

If so, when and by whom?_____

41. Is your child currently receiving any therapies *(speech & language, occupational therapy, cognitive, psychosocial)?*

_____

42. Please describe your parenting style, including discipline, consequences, boundary settings, expectations, household rules, etc.: _____

_____

_____

_____

43. Please describe your child's activity level:_____

_____

_____

44. Do you have a nanny?_____

45. Where do you work?_____

46. What is your occupation?_____

47. Would you like to talk to the children about your occupation if the occasion arises?_____

Thank you for sharing this important information about your child with us!
RMS Staff