



Family/Student Profile

Revised 7/1/2023

Initial School Year: _____ Date: _____
Child's Name: _____ Birth date: _____
Child's Nickname: _____

Home Environment

Parents/Guardians:	Occupation/Hobbies
Name #1 _____	_____
Name #2 _____	_____

Siblings/Family Living at Home:

_____	Age: _____
_____	Age: _____
_____	Age: _____
_____	Age: _____

Pets: _____

Family religious/cultural observances: _____

Food/Diet Specifications: _____

Social and Emotional Development

Observations are an important part of our Montessori Classroom. Daily teachers observe children and their style of learning. We are able to discover many characteristics and developments such as a child who may learn visually rather than in a group with an emphasis of more listening. By discovering these unique qualities, teachers are effectively able to provide students with interactions that best assist/guide his/her learning. With this in mind, we would like you to take this opportunity to list some observations of your own regarding your child in his/her home environment. These observations will provide the teacher with additional insight to consider when working with your child.

Describe your child's personality. _____

List any concerns you may have related to behaviors you would like your child to work on related to his/her social and emotional development. _____

_____. Share some situations at home where you feel your child has expressed frustration in his/her personal relationships with siblings or friends. _____

_____. List your child's strength when working in both groups and individually _____ . List

learning styles/characteristics you have observed in your child's previous school experiences and share how these fit with those of your child _____

Share some situations where you feel your child has expressed a high level of productivity and sense of success. _____

List any concerns you have regarding social behaviors that may challenge your child's progression at school. _____

How do you observe the following:

Ability to focus: _____

Has a sense of belonging: _____

Curious & asks questions: _____

Self-reliant: _____

Reverence for others and property: _____

Likes to share: _____

Positive self-esteem: _____

Positive self image: _____

Relates well with others: _____

Expresses own ideas: _____

Special Interests

Describe your family's special interest in the areas of music, dance, sports, culture, and hobbies: _____

Is your child active in these special interests? _____

Health History

In addition to the California School Immunization Record and Physician's Report Form included in this Parent Packet, please comment on the following:

List any special health difficulties that your child may have related to allergies _____

Vision: _____ Most Recent Vision Exam: _____

Hearing: _____ List Most Recent Hearing Exam: _____

List Most Recent Medical visit and the reason for this: _____

List Most Recent Physical/Well-Child Exam: _____

What illnesses/conditions has your child experienced:

Asthma: _____ Bronchitis: _____ Chicken Pox: _____ Measles: _____ Poison Oak: _____ Pink

Eye: _____ Seizures: _____ Strep Throat: _____ COVID: _____

Other: _____

Medical related comments: