

# The Montessori School of Camden

## Meet My Child

This form allows us to get to know something about your child so that we can make the best possible assessment of your child's compatibility with or adaptability to the Montessori Method of Education, to make classroom placement, and to help us prepare additional services your child might need.

### Personal Information

Student Name \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Parents \_\_\_\_\_ Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Family structure (siblings, etc.) \_\_\_\_\_

### Academic Information

School currently attending \_\_\_\_\_ Grade \_\_\_\_\_  
Previous schools attended \_\_\_\_\_ Grade \_\_\_\_\_  
Grade \_\_\_\_\_  
Has your child been evaluated for specific learning or emotional needs? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, which programs and with what result? \_\_\_\_\_

### Reason for applying to MSC

Please describe your reasons for bringing your child to MSC: \_\_\_\_\_  
\_\_\_\_\_

What is your experience with Montessori education? \_\_\_\_\_

What educational goals do you have for your child? \_\_\_\_\_

How do you feel MSC can assist you in meeting these goals for your child? \_\_\_\_\_  
\_\_\_\_\_

What do you see as your child's greatest strengths? \_\_\_\_\_  
\_\_\_\_\_

Has your child ever seen a OT, SLT, or PT therapist? \_\_\_\_\_

In what areas would you like to see your child more developed? \_\_\_\_\_  
\_\_\_\_\_

How easily does your child make friends? \_\_\_\_\_

Please describe your child's play habits, creativity, and degree of self-motivation. \_\_\_\_\_  
\_\_\_\_\_

How do you discipline your child? \_\_\_\_\_  
\_\_\_\_\_

What other information would be helpful for your child's teacher? \_\_\_\_\_  
\_\_\_\_\_