



Montessori Day School of Brooklyn

BIOGRAPHICAL INFORMATION INTAKE QUESTIONNAIRE

Name of Child _____ **Date of Birth:** _____

Name(s) of parent/guardian: _____

Date completing this form: _____

History of infancy and childhood so far:

- Was your child full term?
- How did you choose his/her name?
- Have there been any medical difficulties - surgery, accidents, allergies, etc.?
- Who has been the infant's principal caregiver(s)?
- Has the child used a pacifier? Does he/she still? or when did he/she stop?

EATING HABITS:

- Bottle or breast fed?
- When weaned?
- When were solids started? Easy or hard?
- When did child start to eat/drink independently?



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- Has your child developed any regular feeding schedule?
- Is your child a picky or a good eater?

SLEEPING:

- Where does your child sleep?
- When does he/she usually go to bed and wake up?
- Day time naps?
- What kind of a sleeper? (Resists going to bed, restless, get up and into parent's bed?)

TOILET TRAINING:

- When did toilet training begin if applicable?
- How has it been? (How long, how cooperative or resistant, etc.)
- Is child dry at night?
- If the child has accidents, how do you handle it?
- Any problems with constipation or diarrhea?

MOTOR DEVELOPMENT:

- At what age (more or less) did child sit_____; crawl_____; stand_____; walk_____?
- How agile is he/she with big activities, like running, climbing?
- Small activities, putting shapes into holes, holding a spoon, etc.?



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- What clothing, if any, can the child take off alone?

LANGUAGE:

- What is (are) the primary language(s) spoken at home?
- At what age did the child say first words?
- How easy is it to understand the child's spoken language now?
- Can the child follow simple directions? (Pass the milk, come show me, etc.)
- Favorite book?
- Favorite TV show?

SOCIAL EMOTIONAL DEVELOPMENT:

- Who does the child most resemble in temperament?
- What most upsets the child?
- Fears?
- How is the child soothed or calmed down?
- How does the child get along with:

Mother

Father

Siblings

Babysitter

Children of same age, of older age?

- What does he/she enjoy doing with the family? By him/herself?



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Caregivers:

- How old was child when mother (or father) went back to work?
- Who was and now is the care-giver?
- At home or somewhere else?
- How does your child react when the caregiver leaves?
- Are there particular events that would help us to know more about your child?
(Parent separation, illness or death, moves, birth of siblings, parent away, etc.)
- Are there any instances of misbehavior?
- How does child react to discipline? Tantrums? How do you handle these?
- How much does child watch TV? Alone or with family members?

CONCLUSION:

- What do you see are the child's greatest strengths?
- What concerns do you have about your child?
- How do you think that MDS can be helpful to your child and you?