SETON MONTESSORI SCHOOL

EARLY CHILDHOOD PROFILE SHEET

Date: _____

Child's Name: _____ **Child's Age:** _____

Parent 1 Name: _____ **Birthdate:** _____
❑ Mother ❑ Father

Parent 2 Name: _____
❑ Mother ❑ Father

I. Developmental History:

Accidents:

Illness:

Allergies (food, sinus, hay fever, medication):

Is your child taking any medication	❑ Yes	❑ No	
Any speech problems?	❑ Yes	❑ No	
Any hearing problems?	❑ Yes	❑ No	
Child health?	❑ Good	❑ Fair	❑ Poor

Any physical problems? _____

Chronic problems? _____

Dietary History (sensitive to certain foods?) _____

_____

II. School History:

Other early childhood programs (e.g. Park District, Sunday School, Parent-Infant, etc.) ❑ Yes ❑ No

Where? _____

How long? _____

Preschool programs ❑ Yes ❑ No

Where? _____

How long? _____

What do you think of his/her progress in school? _____

_____

(over please)

III. Tell us about your child. How do you see his/her strengths and weaknesses? Describe his/her personality (Preferences, strengths, challenges, etc.):

IV. Tell us about your child's:

Motor skills:

Language development:

Reaction to stressful situations:

Sleeping patterns:

Dressing skills:

Is your child beginning toilet learning? ❑ Yes ❑ No

Describe your approach and your child's reaction to toilet learning:

What is your approach to discipline at this time?

Feel free to attach any additional comments.

_____ _____

Parent / Guardian Name Date