



# Parent Questionnaire

(please attach extra sheets if needed)

Your name \_\_\_\_\_ Your relationship to child \_\_\_\_\_

Child's name \_\_\_\_\_ Child's birth date \_\_\_\_\_

What kind of previous school/childcare experience does your child have?

---

---

---

Describe any positive aspects of your child's previous school/childcare experience.

---

---

---

Describe any negative aspects of your child's previous school/childcare experience.

---

---

---

Describe your child's strengths.

---

---

---

Describe your child's weaknesses or areas you would like to see developed.

---

---

---

How does your child typically spend free time?

---

---

---

How does your family share time together?

---

---

---

What are your child's favorite TV programs? How much time does your child watch TV?

---

---

---

Does your child play video games? If so, which ones and how frequently?

---

---

---

What educational goals do you have for your child?

---

---

---

How do you envision the school facilitating those educational goals?

---

---

---

How would you describe your child's friends?

---

---

---

How would you describe your child's learning style?

---

---

---

Describe your method of discipline.

---

---

---

Do you use any reward systems? If so, please describe?

---

---

---

Are you a fan of any particular parenting books or techniques?

---

---

---

What do you find appealing about enrolling your child in Montessori?

---

---

---

Are there any areas in which we could give special help/encouragement to your child?

---

---

---

Describe something special about your child.

---

---

---