

Montessori School of Aurora
Toddler Student Profile

Date: _____

Child's Name _____ Nickname _____ Birth Date _____

Siblings:

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Has your child attended any care centers before? If yes:

Where _____ When _____

Describe the program _____

How would you describe your child's eating habits? _____

Generally eats everything _____ somewhat finicky _____

List any food allergies _____

Typical symptoms _____

Present general health status (describe any special needs, speech or hearing problems. Any birth traumas? _____

List any fears your child has: _____

When you find it necessary to discipline, what do you usually do?

Mother _____

Father _____

Other _____

What is your child's reaction to each discipline? _____

Are there any areas of your child's behavior we should be aware of?

_____ Bed Wetting _____ Hitting _____ Biting _____ Other

Please explain _____

Please check all that apply:

Recent family relocation _____ Date _____ Divorce _____ Date _____
Recent family death _____ Date _____ Extended family in home _____ Date _____

Please check the things that your child has completed:

_____ Use toilet properly _____ Sit and listen to story for 5 minutes
_____ Can handle simple responsibilities at home _____ Follow simple direction

Please answer the following questions:

Are you currently nursing? _____
When did you stop nursing? _____
When did your child stop using a bottle? _____
Can your child drink from a Sippy Cup? _____
Is your child sleeping through the night? _____
How long does your child typically nap? _____ Nap routine _____
Does your child use a pacifier? _____
What is your diapering routine? _____
What language is spoken at home? _____

Does your child have any skills in conflict resolution? _____

Please make any other comments relating to your child that you feel we should know: _____

Thank you very much for taking the time to help us care for your child in the most appropriate, loving way!