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Date _____ Child's Birthdate _____

Child's Name _____ Age _____

Mother's Name _____ Father's Name _____

Your Child's Behavior

Tell us about your child. How do you see his/her strengths or weaknesses?
How do you see his/her personality?

Tell us about your child's motor skills:

Language development:

Reaction to stressful situations:

Explain your child's dressing skills:

Explain your child's sleeping patterns:

What is your approach to discipline at this time?

If your child is not potty-trained, what steps have been taken thus far?