

# Denali Montessori Acquaintance Questionnaire

Parents,

Please take a few minutes to fill out this questionnaire to help us become acquainted with your child. All information will be kept confidential among the teaching team. This information will help us to better meet the needs of your child and will help ensure the integrity of the Montessori program. Thank you for your time.

Sincerely,

The Denali Montessori Kindergarten Staff

## GENERAL BACKGROUND INFORMATION

1. Name of child: \_\_\_\_\_
2. Child's birth date: \_\_\_\_\_
3. Name of person filling out questionnaire: \_\_\_\_\_
4. By what name would you like your child to be called at school:  
\_\_\_\_\_
5. First and last names of family members and relationship to child:  
(list ages of siblings and note if they attend Denali)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. Custody arrangement (if parents are living separately):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Who is the primary caregiver when the child is not in school?

Before school: \_\_\_\_\_

After school: \_\_\_\_\_

8. Where did your child spend his/her Pre-K years?

(Please list names and dates of center/schools attended)

\_\_\_\_\_

\_\_\_\_\_

9. Are you familiar with the Montessori method? Y\_\_\_\_\_ N\_\_\_\_\_

10. Does your child have any allergies? Y\_\_\_\_\_ N\_\_\_\_\_

(Please list all allergies):

\_\_\_\_\_

\_\_\_\_\_

#### SOCIAL/EMOTIONAL READINESS

1. Do you feel your child is socially/emotionally mature enough for the demands of a full day of kindergarten, particularly if your child has a summer birthday? Please explain: \_\_\_\_\_

\_\_\_\_\_

2. Does your child use the toilet independently? \_\_\_\_\_

\_\_\_\_\_

3. How does your child react to transitions? \_\_\_\_\_

\_\_\_\_\_

4. Does your child have any strong fears, concerns, or dislikes?

\_\_\_\_\_

5. What do you consider unacceptable behavior for your child?

\_\_\_\_\_

6. What type of discipline works for your child?

\_\_\_\_\_

ACADEMIC READINESS

1. What are your child's strengths?

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2. In what areas do you think your child may need extra help?

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3. Are there any learning difficulties in your family? Does your child have an IEP or special plan?

Please explain:

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4. How much screen time (TV, computer, video games) does your child have on an average day?

None _____	30-1 hr. _____
1-2 hrs. _____	2-3 hrs. _____

5. What is your child's favorite activity?

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6. How often is your child read to at home?

Daily \_\_\_\_\_ Several times a week \_\_\_\_\_ Occasionally \_\_\_\_\_

Is there any other information that you feel would be helpful for the staff to know?

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**Thank you for taking the time to provide this information.**