

GREEN LEAF MONTESSORI

7218 MCFARLAND RD

SOUTHPORT, IN 46227

(317) 377-4248

Profile Sheet

Date: _____

Child's Name: _____ DOB: _____ Age: _____

Parent Name: _____ Occupation: _____

Parent Name: _____ Occupation: _____

I. Developmental History:

Accidents: _____

Illnesses: _____

Allergies (food, environment, medication): _____

Is your child taking any medication regularly? Yes No

List: _____

Difficulties with speech? Yes No Currently receiving therapy? Yes No

Difficulties with hearing? Yes No Currently using interventions? Yes No

Difficulties with movement? Yes No Currently receiving therapy? Yes No

General health: Good Fair Poor

Chronic problems: _____

II. School History

Other early childhood programs (ie. district, religious, care, recreational) __Yes __No

Location: _____ Duration: _____

Preschool programs __Yes __No

Location: _____ Duration: _____

What do you think of their progress in school? _____

III. Individual Skills

Strengths: _____

Challenges: _____

Personality description: _____

Motor skills: _____

Language development: _____

Reaction to stressful situations: _____

Sleeping patterns: _____

Dressing skills: _____

What is your approach to discipline at this time? _____

IV. Family Life

What are activities you enjoy together? _____

Interests/hobbies/talents: _____

What is your family's ethnicity/cultural background? _____

What holidays does your family celebrate/acknowledge? _____

What family traditions do you value? _____

Any additional comments: _____

Parent/Teacher Signature

Date