



# Greenwood Montessori Children's House

622 North Madison Avenue

Greenwood, IN 46142

317-289-1962

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## PRESCHOOL PROFILE SHEET

Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

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### I. Developmental History

Accidents: \_\_\_\_\_

Illnesses: \_\_\_\_\_

Allergies (food, sinus, medication, etc) \_\_\_\_\_

\_\_\_\_\_

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 receiving therapy?     Yes     No

Describe: \_\_\_\_\_

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

Describe: \_\_\_\_\_

Chronic Problems? \_\_\_\_\_

General Health:     Excellent     Fair     Poor

## II. School History

Other early childhood programs (e.g. First Steps, day care, summer camp)  Yes  No

Location: \_\_\_\_\_ Duration: \_\_\_\_\_

Location: \_\_\_\_\_ Duration: \_\_\_\_\_

Other Preschool programs  Yes  No

Location: \_\_\_\_\_ Duration: \_\_\_\_\_

Location: \_\_\_\_\_ Duration: \_\_\_\_\_

Describe your child's progress in these programs: \_\_\_\_\_

\_\_\_\_\_

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## III. Parent Observations

Strengths: \_\_\_\_\_

Areas of Concern: \_\_\_\_\_

Personality (character traits, challenges, preferences, disposition): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Motor skills: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Language development: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reaction to stressful situations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Sleeping patterns: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dressing skills: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What forms of discipline do you find most effective? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Additional comments: \_\_\_\_\_

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\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date