RISING STAR MONTESSORI ACADEMY
DEBI MONTGOMERY, DIRECTOR
440 LANIER AVE E
FAYETTEVILLE, GA 30215
PH. 770.461.1595
F. 770.629.1634
OFFICE@RISINGSTARMONTESSORI.COM
RISINGSTARMONTESSORI.COM

NEW STUDENT QUESTIONNAIRE

Dear New RSMA Family,

Please take a few moments to answer the questions below. This information will help us get to know your child better. If you need more space, please use the back of this form or attach an additional piece of paper. Thank you!

Today's Date _____

Child's Name _____ Date of Birth ____/____/____ Current Age _____
(as you want him/her to be called) MM DD YYYY

1. Please list the names and ages of your child's brothers and sisters, if any _____
   _____
2. Has your child previously attended preschool or any play-groups? If so, please provide the name of the program and years attended _____
   _____
3. Does your child have any special interest(s)? _____
   _____
4. Is your child afraid of anything? If so, please explain _____
   _____
5. What habits does your child show when scared, worried, shy or sick? (i.e. thumb sucking, crying, clinging, quiet, etc.) _____
   _____
6. List the ways your child likes to be comforted _____
   _____
7. Does your child display any sensitivity in the following areas? Auditory, touch, light, etc. _____
   _____
8. List your child's pets, special friends or relatives, and imaginary friends _____
   _____
9. What responsibilities does your child have at home? _____
   _____

10. Any particular emotional or physical difficulties with your child during:

☐ Infancy ☐ Toddlerhood ☐ Preschool ☐ School-Age

(Please identify) _____

_____

Was your child pre-term? _____ Any pregnancy or delivery issues? _____

If so, how early? _____ _____

Weaned from breast/bottle/pacifier? _____ Age weaned _____

11. Any medical needs or medicine that we need to know about school? (RSMA Authorization Form to administer any medication must be completed) _____

_____

12. What form of guidance and discipline do you use at home? (Please check all that apply)

☐ Rewarding	☐ Praising	☐ Offering choices
☐ Ignoring	☐ Reasoning	☐ Comparing unfavorably to others
☐ Spanking	☐ Isolating	☐ Threatening
☐ Demonstrating	☐ Scolding	☐ Depriving of pleasures
☐ Coaxing	☐ Diverting	☐ Preparing child in advance
☐ Speaking firmly	☐ Bribing	☐ Other _____

13. What are the eating habits of your child? (i.e. amounts, time, likes, dislikes, etc.) _____

_____

14. What religious customs or holidays are observed by your family that needs to be known by the teacher? _____

_____

15. How would you generally describe your child? _____

_____

16. What are your expectations for this program? What specific things would you like to see happen this school year? _____

_____

17. Is there anything else you would like to tell us? _____

_____

_____

We look forward to getting to know you and your child. Thank you for sharing!