

Teton View Montessori Secondary Program  
Secondary Student Questionnaire

Child's Name:	Date of Birth: Gender:
Parent Name:	Phone Number:
Parent Name:	Phone Number:
Are you familiar with the Montessori Method and if so are you aware of the Secondary Program ideology?	
List any allergies your child has:	
Does your child have any health issues or limitations we should be aware of?	
What language is primarily spoken in your home?	
Are there any family changes that could affect your child?	
Any siblings at home? If so, how old?	
How do you discipline?	

What school(s) has your child attended? For how long?

What was the reason for leaving the previously listed school(s)?

What was his/her experience in school in the past?

Do you or your child have any concerns about school?

How does your child learn best? What type of learner do you think he/she is?

Would you say your child loves learning?

What is your child's favorite subject(s)?

What is your child's least favorite subject(s)?

What words come to mind when you describe your child?

What are your child's favorite games and activities at home?

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Does your child play in any extracurricular sports (gymnastics, equestrian, soccer, football, baseball, martial arts, etc)?

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What are your child's hobbies and interests?

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Please explain why you feel your child would thrive in our Montessori Program, and how they would benefit the other students in the classroom.

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List approved persons to pick up your child:

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List 2 emergency contacts with phone numbers they can be reached at:

Name:	Phone:
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Name:	Phone:
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Parent signature:	Date:
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Parent signature:	Date:
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