



WEST HILLS MONTESSORI SCHOOL
New Student Questionnaire: Primary

At West Hills Montessori School we strive to provide the most positive experience for every child in our care. Prior to enrollment, each child is evaluated on the basis of readiness for school and potential for success in a Montessori setting. Your perspective and comments help us to understand your child's needs and to make the best placement decision. Your prompt response allows us to process your application in a timely manner.

Admission to our program is based upon classroom availability and with consideration to age and gender ratios. ***With the understanding that consistency and continuity are vital to young children's optimal development, admissions preference is given to families whose intention is to remain with West Hills Montessori for the full three year Montessori cycle which includes the Kindergarten year.***

Prior to acceptance, our school must be notified of individual needs we will be asked to serve. Individual needs may include but are not limited to physical, emotional and intellectual issues, medications your child is receiving, diet restrictions and/or allergies, behavior difficulties or need for alternative learning tools.

Note regarding 5 year old applicants: Montessori classes are "age-blended" and each primary class is comprised of children between the ages of 3 and 6 years. Most of our 5 and 6 year old students have been with us between one and three years and have established social (classroom) relationships as well as experience working with the Montessori materials. Therefore, applications for new 5 year old students are processed with special care and consideration and can include teacher recommendations and classroom observations by West Hills staff.

The form should be completed by a parent, current caregiver, and/or teacher. All information provided will be considered confidential and will become part of the child's school file. Please contact our office with questions concerning this form.

Student's Name _____

Parent / Guardian's Name (s) _____

What is your relationship to this child? _____

Why did you choose a Montessori Program? Why West Hills?

What do you hope a Montessori experience will provide for your child? Please comment on this child's social development, including relationships with peers and with adults:

Has this child attended any school or been involved in other group (social) experiences? Please include previous school/group experience, including schedule and number of days attended each week.

Please comment on the comfort level of this child in separating from his/her parents or caregivers:

Please comment on this child's physical development, including speech and both large and fine motor skills:

Please comment on this child's bathroom training (if applicable). Does this child use the bathroom independently at home and in other social settings? Is this child comfortable using an adult toilet?

Please tell us about this child's skills. (Circle the words/phrases that most closely describe this child.)

- | | | | |
|--|---|--|------------|
| -Willing and able to follow adult direction: | Consistently | Sometimes | Seldom |
| -Ability to listen: | Respectful/Thoughtful
Restless/Inattentive | Quietly/Attentive
Tends to Dominate | |
| -Ability to sit respectfully within a group of children: | Consistently | Sometimes | Seldom |
| -Ability to work/play independently: | Consistently | Sometimes | Seldom |
| -Can clearly articulate his/her needs: | Consistently | Sometimes | Seldom |
| -Expresses ideas well: | Consistently | Sometimes | Seldom |
| -Completes tasks: | Highly focused | Usually focused | Distracted |

Additional comments about this child's school readiness:

Please identify and comment on any special circumstances or special needs of this child:

Please comment on your willingness to commit to a full three year Montessori cycle which includes the Kindergarten year:

Signature _____ Date _____

Name _____ Relationship _____

Home or School Address _____

School Name _____

Home or School Phone _____

Home or School Email address _____

You have applied for your child to attend (check one) Vermont Street: _____ Lake Oswego: _____