



**MONTESSORI SCHOOL  
OF OAK RIDGE**

# Interview Form

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Interview Date

*Thanks for your interest in the Montessori School of Oak Ridge. Please take a few moments to fill out this interview form so that we might get to know you and your child a little better.*

## General Information

1. How did you learn about the Montessori program? What have you read about it? \_\_\_\_\_  
\_\_\_\_\_
2. What aspects of the classroom do you think are the most valuable? What do you expect from it for your child?  
\_\_\_\_\_  
\_\_\_\_\_
3. How long do you anticipate your child being in our school? \_\_\_\_\_
4. Is your child's daily schedule fairly regular or does it fluctuate frequently? \_\_\_\_\_
5. Describe your child's personality: \_\_\_\_\_
6. What qualities do you like best about your child? \_\_\_\_\_  
\_\_\_\_\_
7. What things about his/her most grate your nerves?  
\_\_\_\_\_
8. How does your child take direction from you? \_\_\_\_\_
9. What form of discipline do you find most effective? \_\_\_\_\_  
\_\_\_\_\_ Least effective? \_\_\_\_\_

## Physical Development

10. Was there anything unusual about your child's birth, gestation or infancy?  
\_\_\_\_\_ Birth Weight: \_\_\_\_\_
11. When did he/she first walk? \_\_\_\_\_
12. What children's diseases, serious illness or accident has your child had? \_\_\_\_\_  
\_\_\_\_\_
13. Does he/she have any allergies? \_\_\_\_\_ If so, to what? \_\_\_\_\_
14. Does he/she have any chronic medical problems? \_\_\_\_\_
15. What dietetic restrictions does he/she have? \_\_\_\_\_
16. Must his/her physical activities be restricted for any reason? \_\_\_\_\_
17. What medications does your child take? \_\_\_\_\_  
Do they affect his/her behavior? \_\_\_\_\_ How? \_\_\_\_\_
18. What time does your child go to bed at night? \_\_\_\_\_
19. What time does he/she get up in the morning? \_\_\_\_\_

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## Physical Development

20. Does he/she nap in the afternoon? \_\_\_\_\_
21. Does he/she eat breakfast? \_\_\_\_\_
22. Is your child completely toilet trained? \_\_\_\_\_

## Family

23. Are both parents living in the home? \_\_\_\_\_
24. Is there anyone outside the family living in the home? \_\_\_\_\_
25. Who regularly cares for the child besides the parents? \_\_\_\_\_
26. What is the child's place in the family (only, oldest, second, etc.)? \_\_\_\_\_
27. What are the names and ages of siblings? \_\_\_\_\_

## Activities

28. What activities or special interest does your child have? (Does he/she initiate his/her own activities, or does he/she need parental guidance?) \_\_\_\_\_
29. Has your child ever attended another school? \_\_\_\_\_
30. Are there other children in the neighborhood for him/her to play with? \_\_\_\_\_
31. How much time do the parents spend with the child? \_\_\_\_\_
32. Does either parent's job take him/her out of town? \_\_\_\_\_