

## Child Development Survey for Parents

*Dear Parents,*

Please take a few moments to complete the following questions about your child. We appreciate your help in getting to know your student better and are excited to have your family join our Montessori Community. Let us know if you have any questions or would like to discuss any of the items on this survey in detail.  
In Service,

*Kathryn Mahoney  
Founder/Director/Lead Guide*



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

Form Completed by: \_\_\_\_\_ Date: \_\_\_\_\_

**Have you noticed that your child has learning difficulties in any curriculum areas?** \_\_\_\_\_

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**What are your child's strengths? Weaknesses?** \_\_\_\_\_

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**How do you feel your child performs in the areas of:**

**Speech?**

*\*Does your child have difficulty with speech sounds or misarticulate words?*

*Does your child have difficulty speaking fluently without breaks?*

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*-continued-*

### Gross Motor?

*\*Does your child have difficulty learning new skills like riding a bike or skating? Does your child have balance problems (ex: difficulty standing on one leg)?*

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### Fine Motor?

*\*Does your child have an immature pencil grip? Does your child have difficulty handling or manipulating small objects?*

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### Which motor activities do you think your child is good at or enjoys?

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### Social skills?

*\*Does your child have difficulty in group or team activities?  
Does your child seem to have difficulty with anxiety?*

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### Is there anything that concerns you about your child's behavior?

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### Have you had your child assessed in any of these areas?

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### Would you be willing to seek help or support in these areas if concerns arise in the classroom?

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