



1850 Wildcat Blvd.
Rocklin, CA 95765
(916) 630-1510
(916) 624-7305 fax
www.mmcharter.org

STUDENT INFORMATION SURVEY

*Please answer the following questions to help us know more about your child.
Continue answering on the back if more room is needed.*

Student's Name _____

Why do you feel the environment and curriculum at MMCA will be advantageous for your child?

Understanding that the Montessori classroom involves freedom of movement and interaction with fellow students during work time, how do you feel your child will handle this independent learning environment?

What are your child's favorite activities? _____

Does your child have any prior Montessori school experience? (age and # of years) _____

How does your child entertain him/herself at home? _____

Do you consider your child shy or outgoing? _____

How does your child deal with conflict or stress? _____

Describe your child's eating habits _____

Describe your child's sleeping habits and what hours they sleep _____

Does or has your child ever seen a specialist for speech, sensory motor or other therapy? _____

Is there anything else you would like to share with the teachers and staff about your child? _____

Your child's safety and well being is as important to us as their academic achievements. If at any time you have concerns, please let us know immediately.