



## Snake River Montessori New Parent Sheet

Child's Name:

Today's Date:

Do you have any academic goals in mind for your child and what do you want to gain from SRMS?		
What kind of extracurricular activities does your child enjoy?	What are your child's strengths?	What are your child's weaknesses?
What are words that describe your child?	Do you have any concerns regarding your child's social or academic development?  Have you observed any signs of learning disabilities?	
What are your child's favorite things?	Is your child on any medication for a chronic condition? Please list and state reason.	
Is there anything else about your child, your family, or your home that we should know?		