



NORTH END
Montessori School

Toddler Questionnaire

Child's Name: _____ DOB: _____

1. Can your child walk without assistance? _____
2. Does your child drink out of a bottle? _____
3. Can your child drink out of a sippy cup? _____
4. Is your child napping without you present? _____
5. How do you put your child to sleep? _____

6. Can your child feed themselves? _____
7. Can your child feed themselves with a spoon or fork? _____
8. Does your child use a pacifier? If so, please specify times of the day when it is used. _____

9. Is your child showing signs of potty awareness? _____
10. Is your child potty training currently? If so, please specify. _____

11. Has your child been referred by your pediatrician for outside services (Speech therapy, Occupational therapy, or Physical therapy)? If so, please specify which services are being received currently and through which agency. _____

12. How many languages do you speak in the home? _____
13. Do you have any concerns about your child's developmental progress? If so, please specify. _____

14. Has your child attended another program? If so, please detail the reasons for leaving that program.

Parent Signature: _____ Date: _____