

SOCIAL EXPERIENCE:

How does your child relate to other children?

How does your child relate to other adults?

What are three words that come to mind when describing your child?

What are some of your child's strengths?

What are some of your child's challenges and what do you do to help your child through these challenges?

SCHOOL EXPERIENCE:

Has your child been enrolled in another school, preschool or daycare? Yes No Montessori Experience

Name: _____ Number of Years Attended _____

Has your child ever exhibited behavioral concerns at home, daycare or school?

Yes No If yes, please explain.

Has your child ever been tested for, or received, special services for a learning strength or challenge?

Yes No If yes, please check all that apply.

Dyslexia Dysphasia/Aphasia Speech Therapy Dyscalculia Visual Processing Disorder

OT Dyspraxia ADD/ADHD Dysgraphia Auditory Processing Disorder

PT Dyspraxia Applied Behavioral Analysis Giftedness/Asynchrony

Other _____

Does your child have an IEP, 504 plan or other professional recommendation for any of the above?

Yes No If yes, please include a copy of the report. If no, please explain.

ACKNOWLEDGEMENT:

I understand that the fee associated when submitting my application is non-refundable and non-transferable.

I understand that my application will remain active, and on the waitlist, indefinitely until a spot becomes available. I also recognize that enrollment is based on availability and acceptance may occur at any time and for any level beyond the level for which I first applied.

Guardian Signature: _____ **Date:** _____

West Seattle Montessori School & Academy is non-sectarian and non-discriminating. We strive to provide quality education to all children and will work with students and families to the best of our abilities to meet the child's needs as an individual; however, we are not equipped to provide specialized programs for students with significant emotional, behavior, social, or learning challenges.