

Stars Montessori Academy  
Parent Questionnaire

Child's Name \_\_\_\_\_

1. Does your child have any allergies?

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2. My child's favorite activity at school is:

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3. My child's expresses concern about:

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4. My child's strong qualities are:

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5. Areas I feel my child needs to work on are:

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6. Something I would like to see my child do at school is:

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7. Is there any special information about your child that you think we should know about?

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