



## Bridges Montessori Academy Student Profile

Please help us to know your child better by filling in the following information. This is to be turned in to Bridges after your child has been placed.

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

1. Areas of strength:
2. Areas for growth:
3. Interaction with peers and siblings:
4. Goals for this experience:
5. Separation concerns:
6. Describe how your child spends his/ her time at home:
7. Please explain your philosophy for discipline at home:
8. List any known allergies and precautions:
9. Additional information you would like to share