



Dear Parents:

As part of our effort to know your child better, may we request you to answer this questionnaire as honestly as possible. We may share the information you provide with your child's teachers to assist them in knowing your child better, hence putting them in a better position to assist in your child's growth and development.

A. Family Relationship and Environment

1. Please check all statements that apply.

- Student lives with both parents
- Student has one parent working abroad
- Student is the child of a single parent
- Parents are separated/ divorced
- Student lives with father only
- Student lives with mother only
- Student is adopted
- Father is deceased
- Mother is deceased
- Others (Please specify: _____)

2. Apart from parents and siblings, please list relatives and caregivers living with your child.

Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. Describe your child. What are his/her strengths? What does he/she need to improve on?

Strengths	Areas of Improvement
_____	_____
_____	_____
_____	_____
_____	_____

4. How much time in a day do you devote to your child?

Father _____ Mother _____

5. How does your family spend time together?

6. Describe your child's relationship with his/her siblings? What do they enjoy doing together?

7. What are the activities of your child (ex. watching tv, playing computer games, etc.)?

Activities	Length of time spent on the activity
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

8. How do you discipline your child?

9. How do you reward your child for doing well?

10. What activities can your child do independently? (Please check)

- Eat
 Dress
 Others (Please specify: _____)

B. School History and Work Habits

1. At what age did your child first attend school?

2. What are your child's comments (ideas, likes, dislike) about school?

3. Does your child play with peers? _____ Yes _____ No

Please describe how your child relates with his/her peers.

4. Does your child have any physical conditions that might interfere with his/her school work (If Yes, please describe)

5. Is your child attending any of the following classes?

_____ Kumon Math

_____ Kumon Reading

_____ Enopi

_____ Sports (Please specify: _____)

_____ Music (Please specify: _____)

_____ Others (Please specify: _____)

6. In what way would you like ISYC to help your child?

Name and Signature

C. Please affix a family picture taken within the last 6 months in the space provided below. (Please ensure that the picture does not have any family member wearing shades, hats, or any apparel that obstructs facial features) You may also write additional comments/ information about your child, which you feel will help us know, understand, and assist your child better.

Thank you for your honesty and cooperation. We look forward to collaborating with you.

Father's name and signature/ Date

Mother's name and signature/ Date