



LAGUNA BELAIR SCIENCE SCHOOL
City of Santa Rosa, Laguna
(049) 530-7720 local 18

PARENT INTERVIEW FORM
(for Preschool)

Child's Name _____ **Birthday:** _____

The purpose of this interview is to provide a general picture of the child and his/her family for future reference. Information obtained from this interview will be kept confidential.

1. THE FAMILY

A. Brothers and Sisters

	Names	Age	School
(1)	_____	_____	_____
(2)	_____	_____	_____
(3)	_____	_____	_____
(4)	_____	_____	_____
(5)	_____	_____	_____

B. Number of Persons living in the house: _____

C. Relationships:

(1) Immediate Family

- | | |
|-----------------|-----------------------|
| (a) ___ Mother | (e) ___ Stepmother |
| (b) ___ Father | (f) ___ Stepfather |
| (c) ___ Sisters | (g) ___ Stepbrother/s |
| (d) ___ Brother | (h) ___ Stepsister/s |

(2) Other Relatives

- | | |
|----------------------|-----------------|
| (a) ___ Grandparents | (c) ___ Uncles |
| (b) ___ Aunts | (d) ___ Cousins |

(3) Household Staff

- | | |
|-------------------|----------------|
| (a) ___ Househelp | (c) ___ Others |
| (b) ___ Caregiver | |

D. Parents

- (1) Do the child's parents live together? _____
- (2) Civil Status: _____ Married _____ Not Married _____ Others
_____ Separated _____ Annulled

E. Do you spend time specifically and exclusively with your child each day? Describe:

F. Do you have a special time for family activities, vacation, holidays, weekends, etc?

G. Do you have ground rules at home that she/she must adhere to? _____

H. How do you discipline your child? _____

I. Do you have any discipline problem with your child? If so, please specify. _____

J. Do both parents work? _____ If so, who's left with the child? _____

If not, who's left with the child? _____

II. THE CHILD

- A. Health and Development
_____ Weight at birth Handedness: _____ Left _____ Right
Age when the child: _____ started talking _____ started walking
 _____ got weaned _____ had first tooth
- B. Has your child been under the care of others? _____ If so, please check:
_____ child giver (yaya)
_____ relative (specify) _____
_____ others (specify) _____
If so, how often and for how long? _____
- C. Where does your child spend most of his/her time after school and for what reason?

- D. What does your child usually do on weekends? _____
- E. Is your child enrolled in another school/playgroup for other academic and/or extra curricular activities? _____ If so, please specify. _____
- F. For his/her age, is your child independent? _____
If yes, please check: _____ If not, by whom? _____
_____ dressing _____
_____ toileting _____
_____ washing _____
_____ bathing _____
_____ eating _____
_____ picking-up _____
_____ going to bed _____
- G. Does your child sleep alone in his/her room? _____
If not, with whom does he/she sleep? _____
- H. Does your child have a regular bedtime? _____
What time? _____
Does your child observe this willingly? _____
Or does he/she resist going to bed? _____
- I. Does your child take a nap?
Daily? _____ Rarely? _____ Never? _____
- J. Does your child get along well with other children? _____
If not, is he/she active and aggressive? _____
If not, is he/she shy and quiet? _____
- K. Are playmates readily available?
_____ older children _____ relatives
_____ younger children _____ others. Pls. specify
- L. What are your child’s favorite play activities?

- M. Does he/she have difficulty with playmates? _____
If so, how does your child handle the situation?
_____ cries easily _____ asks somebody’s help
_____ throws tantrums _____ others, please specify: _____
- N. How much TV does your child watch daily? _____
Does he select the program at random? _____
_____ Who supervises the program selection?

- O. Does your child have any special fears? _____ If so, specify _____

- P. Does your child experience nightmares? _____ bedwet? _____
Others, specify: _____
- Q. Have there been unusual occurrences in your child's life? (e.g. accidents, hospitalization, separations, moves, death of a loved one, etc.?) If so, please specify.

- R. What activities is your child interested in? Please check and describe how he does it.
_____ Music: _____
_____ Art: _____
_____ Use of tools: _____
_____ Imaginative Play _____
_____ Storytelling _____
_____ Others, specify: _____
- S. How would you describe your child in few words?

- T. Does your child have any special attachment for any of the following? Please check:
_____ mother _____ care giver/yaya
_____ father _____ relatives, specify _____
_____ grandparents _____ others, specify _____
_____ brother/sister _____
- U. Does your child have any special problem? If so, please specify.

- V. Are there special precautions to be observed by the school regarding your child?

- W. Do you have any suggestions regarding your child which might be helpful to the teacher?

III. PRESCHOOL PROGRAM

- I. What goals do you hope your child will achieve by attending our Preschool?

- J. What do you expect your child to get from LBASS Preschool compared to another Preschool?

- K. Questions you would like to have answered considering child development and /or early childhood education

I hereby certify that the above information are true and correct to the best of my knowledge and belief.

PARENT'S SIGNATURE

Date

*****Thank you for taking the time to thoroughly answer each question.*****

Preschool Teachers