



PARENT INTERVIEW FORM
(for Grades 1-12)

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

The purpose of this interview is to provide a general picture of the child and his/her family and immediate environment. The main purpose of the interview is to help the school better understand the child and respond to his/her needs. Information obtained from this interview will be kept strictly confidential.

I. THE FAMILY

A. Brothers and Sisters

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

B. Number of Persons living in the house: _____

C. Relationships: (Pls. check/indicate #.)

(1) Immediate Family

- | | |
|-------------------|-------------------------|
| (a) _____ Mother | (e) _____ Stepmother |
| (b) _____ Father | (f) _____ Stepfather |
| (c) _____ Sister | (g) _____ Stepbrother/s |
| (d) _____ Brother | (h) _____ Stepsisters/s |

(2) Other Relatives

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

(3) Household Staff

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

D. Parents

- (a) Do the parents of the child live together? _____
- (b) Civil Status: _____ Married _____ Not Married
 _____ Separated _____ Annulled _____ Others

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

F. Do you have ground rules at home that he/she must follow? _____

If yes, kindly indicate the most important ones: _____

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

II. THE CHILD

H. Who usually supervises your child's work on his/her assignment/ projects in school?

I. Does your child have regular study habits? _____ If yes, pls. specify _____

J. Is your son/daughter enrolled in other extra curricular activities outside the school? _____

If yes pls. specify _____

- K. Does your son/daughter have any special talents? _____

- L. Where does your child spend most of his/her time after school and for what reason?

- M. What does your child usually do on weekends? _____

- N. Do you have any discipline problem with your son/daughter? If so, pls. specify.

- How do you handle this?

- O. Does your child have a regular set of friends? _____
- P. Does he/she get along well with them? _____
- Q. In what subject/s do you think your child excels? _____

- R. In what subject/s do you think your child needs to exert more effort? _____

- S. How would you describe your child in a few words? _____

- T. Does your child have any special problems? _____ If yes, pls. specify. _____

- U. Are there special precautions the school must observe regarding your child? Please specify.

III. OTHER CONCERNS

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

- W. What goals do you hope your child will achieve by studying at Laguna BelAir Science School?

- X. What do you expect your child to get from LBASS compared to other schools? _____

I hereby certify that the above information are true and correct to the best of my knowledge.
I understand that the information is completely confidential and will be used for no other
purpose than to help the school understand/help my child

PARENT'S SIGNATURE

Date