



THE PALMRIDGE SCHOOL

Preschool • Grade School • High School
Citta Italia, Mambog 3, Molino, Bacoor, Cavite

P-2

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PARENT INTERVIEW FORM UPPER ELEMENTARY AND SECONDARY (JUNIOR HIGH SCHOOL) LEVELS (Grades 4, 5, 6 and Grades 7, 8, 9, 10) (to be filled out completely and accurately by the child's parent)

ADMINISTRATION COPY

Name of Parent: _____

Date: _____ Time: _____

Student's Legal Name: _____

(Birth Certificate) Last Name/Surname First Name/ Middle Name Nickname

Last school attended (other than TPS): _____

Address / Location: _____

Year attended: _____ Grade / Level: _____

Father's Name: _____ Mobile/Tel. Nos.: _____

Course completed/Educational attainment: _____

University/College Name: _____

Occupation: _____ Company: _____

Hobbies and Interests: _____

Mother's Name: _____ Mobile/Tel. Nos.: _____

Course completed/Educational attainment: _____

University/College Name: _____

Occupation: _____ Company: _____

Hobbies and Interests: _____

Parent's/parents' civil status: Married Not married (live-in) Separated Widow/er Single parent

I. CHILD'S DEVELOPMENT AND PERSONALITY

A. Is child diagnosed with any developmental disability/ies? No Yes If YES, what? _____

If YES, is child currently being treated/taking medication? _____

Have you observed the child to exhibit any delay in developmental milestones? No Yes

If YES, is it one or any: physical cognitive communication social/emotional self-care

Other observations _____

B. 1. Does your child have a regular bedtime? _____ What time? _____

2. What chores do you expect your child to do by himself/herself? _____

C. Friends older children children of his/her age

younger children adults

How does he/she get along with his/her friends? He/she is

active shy aggressive a bully quiet

When in difficulty with his/her friends, what does he/she usually do? _____

How is his/her relationship with siblings? _____

Do you encourage your child to be friendly? _____ with other children? _____ with anybody? _____

Or do you want to choose his/her friends? _____

D. Is he/she easily disturbed by a new situation? _____ Like what? _____

Does he/she ask for help often? _____ When? _____

How does he/she express it? _____

Does he/she cry easily? _____ Causes _____

Does he/she exhibit tantrums? _____ Causes _____

Has the child experienced any difficulties in school (if previously attending)? _____

Has the child experienced any difficulties at home? _____ What was the nature of the difficulty? _____

- E. What is the child afraid of? _____
Causes _____
How do you handle his/her fears? _____

- F. In what activities is he/she most interested at home? _____

Is he/she inquisitive? _____ about what? _____
What attitude does he/she have towards pets/animals at home? _____

- G. Does the child have any special skills like drawing, singing, dancing, etc? _____ If YES, what? _____
Has he / she joined any competition? _____ If YES, please share some details _____
Has he/she received any award/recognition from his/her previous school? _____ If YES, what? _____
- H. Is he/she: [] obedient? [] disobedient?
Do you have discipline problems with your child? _____

Who usually disciplines him/her? _____
If the person who usually disciplines is not there, who usually takes over? _____
How do you handle disobedience as a parent? _____

Is he/she punished? _____ What methods are most frequently used? _____

Are rewards, bribes, or other kinds of inducement offered to make the child obey? _____
What, if any? _____
What do you do when your child tries to have his/her own way with you? _____

What do you do when your child quarrels with others? _____

For whom does he/she show preference? [] mother [] father [] others _____
Is he/she [] affectionate? [] over-protected? By whom? _____
What are you most proud of in your child? _____

How satisfied are you about how well your child does things? _____
Is there any conflict in discipline of the child? _____ What, if any? _____

Has he/she been under [] academic probation? [] disciplinary probation? Why? _____
- I. Name/s of person/s who will take the child to and from the school _____
Relation with the child _____ Tel. & Mobile Nos. _____
Name of person/s to contact in case of emergency (if different from above) _____
Relation with the child _____ Tel. & Mobile Nos. _____

II. CHILD'S FAMILY INFORMATION

Names of Brothers / Sisters of Applicant	Age	School / Occupation

III. HEALTH AND PHYSICAL DEVELOPMENT

Any unusual occurrences (hospitalization, accident, etc.) during infancy or early childhood? _____

How old? _____

Describe hospitalization/accident and after effects _____

Does he/she have any kind of impediment/s? _____ If so, please specify _____

Health in infancy/childhood _____

IV. PARENTS' ATTITUDE TOWARD SCHOOL

What influenced your choice of this school for your child? _____

What do you expect to see from your child after he/she has completed our Upper Elementary/ Secondary Program? _____

What questions would you like to be answered before enrolling your child in this school? _____

 Parent's / Guardian's Signature above Printed Name

 Date