



# THE PALMRIDGE SCHOOL - GENERAL TRIAS

Preschool • Grade School • High School  
Arnaldo Highway General Trias City, Cavite

# P-1

Page 1 of 3

## PARENT INTERVIEW FORM PRESCHOOL AND LOWER ELEMENTARY

(Nursery, Prekinder, Kinder, and Grades 1, 2, & 3)

(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. When did you feel that your child was old enough for you to start training him/her to take care of himself/herself? \_\_\_\_\_

2. Is he/she independent in routine activities such as

dressing \_\_\_\_\_ If not, by whom? \_\_\_\_\_

bathing \_\_\_\_\_ If not, by whom? \_\_\_\_\_

toilet \_\_\_\_\_ If not, by whom? \_\_\_\_\_

feeding \_\_\_\_\_ If not, by whom? \_\_\_\_\_

3. Does your child have a regular bedtime? \_\_\_\_\_ What time? \_\_\_\_\_

4. What chores do you expect your child to do by himself/herself? \_\_\_\_\_

C. Playmates [ ] older children [ ] children of his/her age

[ ] younger children [ ] adults

Where does the child play? \_\_\_\_\_

Who supervises playtime? \_\_\_\_\_

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

[ ] active [ ] shy [ ] aggressive [ ] a bully [ ] quiet

When in difficulty with his/her playmates, what does he/she usually do? \_\_\_\_\_

How is his/her relationship with siblings? \_\_\_\_\_

What kind of play does he/she enjoy most? \_\_\_\_\_

Do you encourage your child to be friendly? \_\_\_\_\_ play with other children? \_\_\_\_\_ with anybody? \_\_\_\_\_

Or do you want to choose his/her playmates? \_\_\_\_\_

- D. Is he/she easily disturbed by a new situation? \_\_\_\_\_ If YES, 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? \_\_\_\_\_  
\_\_\_\_\_  
Does he/she have: [ ] nightmares [ ] mannerisms [ ] bedwetting [ ] others \_\_\_\_\_
- 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 other children? \_\_\_\_\_  
\_\_\_\_\_  
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? \_\_\_\_\_  
\_\_\_\_\_
- I. 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 childhood? \_\_\_\_\_

How old? \_\_\_\_\_

Describe hospitalization/accident and after effects \_\_\_\_\_

Does he/she have any kind of impediment/s? \_\_\_\_\_ If YES, please specify \_\_\_\_\_

Health in infancy \_\_\_\_\_

**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 Preschool/Lower Elementary 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