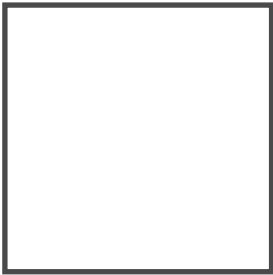


Date: _____



STUDENT INFORMATION FORM

Student’s Name: _____ Nickname: _____
Religion: _____ Age (yr and month): _____ Birthday: _____
Home Address: _____
Existing medical conditions (allergies, congenital conditions, etc.) _____

In case of emergency, please contact: _____
Relationship with child: _____ Cel No: _____
Address: _____

FAMILY INFORMATION

Mother’s Name: _____ Nickname: _____
Occupation: _____ Contact No(s): _____
Office Address: _____ Email Add: _____
Father’s Name: _____ Nickname: _____
Occupation: _____ Contact No(s): _____
Office Address: _____ Email Add: _____

SIBLING INFORMATION

NAME	BIRTHDAY	AGE	SCHOOL
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Which tasks can your child do independently?
____ using the toilet ____ eating ____ drinking ____ dressing up
____ undressing ____ hand washing ____ packing away
Others: _____

What is your child’s current family structure? (Nuclear, single parent, living with extended family, etc.) _____

Does your child have an established routine at home? If so, please explain.

Who does your child spend most of his time with during the day? Who among the family members is he/she closest to?

What activities do your family do during weekends or holidays?

Which activity does your child enjoy the most? Which activity does he like the least?

What incidences commonly causes your child’s outbursts or tantrums?

How does your child express his anger or frustration?

What discipline strategies do you use on your child?

How does your child react to strangers?

When playing with other kids, what role does your child assume? (initiator, follower, parallel play, etc.)

Please describe your child: