## PARENT PARTNERSHIP QUESTIONNAIRE - Preschool & Kindergarten

Name of Applicant: _____ Date of Birth: _____ Age: _____

Form completed by: _____ Relationship to child: _____ Date: _____

Dear Parents and Guardians,

We are delighted that you are interested in enrolling your child in our Preschool/ Kindergarten Program. International School Manila (ISM) is an inclusive, independent, international school for expatriate and globally mobile students. This questionnaire is designed to give us an insight into your child's physical, social, academic and emotional development. The information you provide will assist us in the placement process, and allow us to better understand your unique family context. Please submit this with your child's application. Thank you for helping us understand your child so we can best support them at school.

Kind regards,

ISM Admissions Team

**Please email this form directly to the Director of Admissions at International School Manila: admissions@ismanila.org**

### YOUR FAMILY

Who are the people in your family?

Please insert a family photo in the box below.

Are there any family considerations that you would like us to be aware of in order to support your child? (i.e, single parent, parent living overseas, parent traveling often, your family identifies with a specific community, unique birth/adoption story, cultural considerations, language considerations, etc...)

Please describe your reason for choosing ISM for your child's education.

## YOUR HOUSEHOLD

Who are the people in your household?

What does a typical weekday evening look like for your child?

What does a typical Saturday and Sunday look like for your family?

How many hours does your child spend on a device (iPad/iPhone/computer/TV) each day?

## YOUR CHILD

What is your child's life story (places lived, major experiences)?

What are three words you would use to describe your child?

What are your goals for your child as they grow and learn at ISM this year?

How does your child spend free time?

What does your child like to play with?

Does your child have any fears or anxieties?

Does your child have a particular toy/object that is comforting?

## YOUR CHILD'S DEVELOPMENTAL STORY
### Home Language(s)

What age did your child speak their first words?

What language was used?

In previous schools, how much instructional time each day was conducted in English?
Please check one:

☐ Entirely in English    ☐ 50% in English    ☐ Less than 50% in English    ☐ No English

What language(s) is(are) used in the house?

Please be specific regarding the language(s) used by each member of the household, including any domestic help.

Were there concerns about early language development such as delayed start of speech / problems being understood, etc.?

### Hearing

Does your child have hearing loss? Have you ever suspected a hearing problem?
If yes, please explain:

## Sight

Has your child had any visual problems?

| |
|---|
| |

Does your child wear glasses a) for reading or b) for distance vision?
If yes, please explain:

| |
|---|
| |

## Motor

Have there been concerns about your child's motor development such as delayed start of walking, balance or coordination problems, difficulty with holding a pencil, writing or handling small objects?If yes, please explain:

| |
|---|
| |

## Social Development

Please check the box that best describes how frequently your child shows each feeling or behavior.

| Feeling or Behavior | Always | Sometimes | Never |
|---|---|---|---|
| Sticks to one activity (e.g. listens to story) for at least 15 minutes at a time | | | |
| Accepts own limits without getting upset | | | |
| Plays well with other children (e.g. takes turns and shares) | | | |
| Stops an activity when told to do so | | | |
| Does what is asked by a parent | | | |
| Separates easily from parent/caregiver | | | |
| Likes to be with other people | | | |
| Waits to hear the whole question before answering | | | |
| Notices other peoples' feelings | | | |
| Has temper tantrums | | | |
| Is easily frustrated and cries often | | | |

## Health

Has your child had any serious illness, significant allergies, surgery or a major accident?
If yes, please explain:

Is your child regularly taking medication or receiving frequent medical treatment?
If yes, please explain:

Does your child wet the bed when sleeping?

## Routines

### *Toilet-training Information*

Is your child toilet-trained? Please check one.

☐ Always      ☐ Most of the time      ☐ Occasional accidents      ☐ Not yet

Does your child let you know when they need to go to the toilet?

Does your child need adult assistance when going to the toilet?

Please describe your child's toileting experience at home.

## Sleeping Habits

Does your child currently nap during the day? If so, at what time and for how long?

How many hours does your child normally sleep at night?

What is your child's usual bedtime routine?

Does your child go to bed without a struggle? Please explain.

Does your child drink from a bottle before bed? Please explain.

## Diet

Is your child able to eat independently? Please explain.

What are some preferred and non-preferred food items?

Does your child have any dietary restrictions (cultural or medical)? Please explain.

## School Experience

Has your child previously attended school (including part-time programs)? Please check one.

☐ Yes          ☐ No

If yes, please provide details about your child's previous schooling:

Name of School

School location (City, Country)

Language/s of instruction

Grades attended

Comments

## Support Services

Has your child received any of the following services? Please check:

| Services | N/A | In school | Out of school | Name/Email |
|---|---|---|---|---|
| Language/speech therapist | | | | |
| Physical/occupational therapist | | | | |
| Psychologist/psychiatrist/therapist | | | | |
| Resource (for special learning needs) | | | | |
| Tutor | | | | |
| English as an Additional Language (EAL) | | | | |

Does ISM have your permission to contact these specialists? Please check one:

☐ Yes          ☐ No

Please submit along with this form, a copy of any important reports from these specialists.

## Behavior

How do you support your child's behavior?

Who are the main people responsible for establishing behavioral expectations and logical consequences for your child (parent, legal guardian, both parents/guardians, domestic help, others)? Please explain.

## Additional Information

Is there any other information you would like to share relevant to your child?