

Date: _____



STUDENT INFORMATION FORM

Student's Name: _____

Nickname: _____ Religion: _____

Age (year and month): _____ Birthday: _____

Home Address: _____

Contact No(s): _____

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: _____

Father's Name: _____ Nickname: _____

Occupation: _____ Contact No(s): _____

Office Address: _____

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: _____