



GUIDANCE SERVICES

PARENT QUESTIONNAIRE

The adjustment and development of your child at PSHS-IRC is the main concern of the Guidance Services. In order for us to be able to help him/her on this, we need some information which you, as his/her parent, would be in the best position to furnish us. Please answer all the items honestly and accurately. Your responses will be kept confidential.

Your child's name: _____
Last Name First Name Middle Name

1. INTEGRATION IN THE FAMILY

- 1.1. Did the child grow up with both parents? Yes No
If not, with: father only mother only

If the child grew up with a guardian:

Name of Guardian: _____ Relationship: _____

Number of years the child stayed with the guardian: _____

- 1.2. Does the child have specific duties at home? Yes No
If yes, please enumerate

How often?

- 1.3. How would you describe your child's behavior at home?

- 1.4. Personality wise, how would you describe your child?

2. HEALTH AND PHYSICAL DEVELOPMENT

- 2.1. As parents, would you consider yourselves to be healthy?

Father: Yes No Mother: Yes No

- 2.2. Has there been any serious disease(s) in the family? Yes No

If yes, please specify the disease and the member of the family who had it.

- 2.3. How would you describe your pregnancy with this child? Normal Difficult

- 2.4. How did the delivery occur?

Premature Normal Caesarean Overdue Induced

- 2.5. Have you lost a child out of death? Yes No

- 2.6. Did your child ever have a serious accident? Yes No

- 2.7. Does your child sleep well at night? Yes No

- 2.8. Approximately how many hours does your child spend in sleeping? _____

- 2.9. Does your child eat well? Yes No

- 2.10. Does your child have a problem with any part of his/her body? Yes No

If yes, please specify _____

- 2.11. Does your child have any physical handicap? Yes No

If yes, please describe _____

3. CHILD'S PRESCHOOL AND ELEMENTARY LIFE

- 3.1. Did your child go to play school/nursery school? Yes No
3.2. Did your child go to kindergarten? Yes No
3.3. Age of entry to Grade 1: Years ____ Months ____
3.4. Which subject(s) was your child interested in? _____
3.5. Which subject(s) did your child have difficulty with? _____
3.6. Describe your relationship with your child's teachers in grade school _____

3.7. How often did you visit and follow-up on your child in school? _____

3.8. What non-academic difficulties did your child encounter while in grade school? _____

3.9. How would you evaluate your child's academic performance in grade school?
Overachieving Satisfactory
Performing at full capacity Underachieving
3.10. How would you rate your child's social standing with the other school children?
Very popular Likes to be popular
Average popularity Aloof
Hardly noticed
3.11. Was the child subjected to any disciplinary action? Yes No
If yes, please describe the incident _____

4. RESIDENCE WHILE AT PSHS-IRC

- 4.1. While studying at PSHS-IRC, where will the child live?
Family residence Guardian's home
School Dormitory Others _____
4.2. If the child is to stay at the dormitory,
4.2.1. Is the child allowed to stay out of the dorm during weekends? Yes No
If yes, with whom? _____
4.2.2. Is there someone here in San Ildefonso who may be approached to help your child in his/her studies? Yes No
If yes, Name: _____
Address: _____
4.2.3. How often will you be seeing your child? _____

5. OTHER INFORMATION

- 5.1. How much allowance do you plan to give your child? _____
5.2. How do you plan to give the allowance?
Daily Weekly Monthly Will solely rely on the stipend
5.3. Was it the choice of your child to study at PSHS-IRC? Yes No
5.4. If you were to choose a college course for your child, what would it be? _____

Name of Father: _____ Signature: _____
Occupation: _____ Place of Work: _____
Contact No.: _____ E-mail Add.: _____

Name of Mother: _____ Signature: _____
Occupation: _____ Place of Work: _____
Contact No.: _____ E-mail Add.: _____

GUARDIAN IN SAN ILDEFONSO, ILOCOS SUR

Name: _____
Relation to the child: _____
Home Address: _____
Contact No. : _____