

to please honestly fill-out this form. The information and comments that you would share with us could be utilized to assist your child and discover other factors that may contribute to the

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Name : _____
Family First Middle Nickname

Age: _____ Date of Birth: _____ Place of Birth: _____

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Address: _____

Contact numbers: Mobile _____ Land line _____

Check 5 w M (C) 3 (h) > B D C B T - 8 (B) B 1) 5 2 0 2 5 3 7 0 i 6 4 T m [(C) - 4 (h) 7 (p) 1 (l) a p p (3 2) / M C B (3 5 a 0 5 7 (C) 6 7] > 8 3 .

3 \$ 5 (1 7 6 ¶ 5 (& 2 5 ')		
	Information on FATHER	Information on MOTHER
NAME		
AGE		
DATE OF BIRTH		
PLACE OF BIRTH		
CITIZENSHIP		
RELIGION		
EDUCATIONAL ATTAINMENT (Please check the level and write the degree)	Level Degree <input type="checkbox"/> High School _____ <input type="checkbox"/> Vocational _____ <input type="checkbox"/> College _____ <input type="checkbox"/> Graduate Studies _____	Level Degree <input type="checkbox"/> High School _____ <input type="checkbox"/> Vocational _____ <input type="checkbox"/> College _____ <input type="checkbox"/> Graduate Studies _____
SCHOOLS ATTENDED		
PRESENT OCCUPATION		
POSITION IN THE FIRM		
NAME OF FIRM		
ADDRESS OF FIRM		
OFFICE TEL. NO.		
OTHER CONTACT NOS. (CELL PHONE, EMAIL ADDRESS ETC.)		
HOBBIES/INTERESTS		
TRAITS/ CHARACTERISTICS		
BIRTH ORDER (PLS. CHECK)	<input type="checkbox"/> eldest <input type="checkbox"/> youngest <input type="checkbox"/> middle <input type="checkbox"/> only child	<input type="checkbox"/> eldest <input type="checkbox"/> youngest <input type="checkbox"/> middle <input type="checkbox"/> only child
FAMILY SIZE (PLS. CHECK)	<input type="checkbox"/> small (3-4 members) <input type="checkbox"/> medium (5-7 members) <input type="checkbox"/> large (8 and above)	<input type="checkbox"/> small (3-4 members) <input type="checkbox"/> medium (5-7 members) <input type="checkbox"/> large (8 and above)

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Height: _____ Weight: _____

Has your child had any of the following illnesses? Pls. check those that have affected your child for the past 5 years up to the present:

- | | | |
|--------------------------|-----------------------|-------------------|
| _____ asthma | _____ hearing defects | _____ nervousness |
| _____ convulsion or fits | _____ heart diseases | _____ pneumonia |
| _____ diabetes | _____ hernia | _____ smallpox |
| _____ epilepsy | | |

Was your child involved in any serious accident? If so, please specify.

Name of Family Doctor: _____

Telephone Numbers.: _____

Office Address: _____

Preferred Hospital: _____

EDUCATIONAL INFORMATION

Schools Attended: _____

Best-liked Subjects: _____

Least-liked Subjects: _____

Grade Range/General Average on Report Card: _____

Awards Received: _____

School Activities/Club: _____

Activities Outside the school: _____

PERSONALITY INFORMATION

& K H F N W K R V H Z K L F K \ R X I H H O E H V W G H V F U L E H u p : R X U F K L O G ¶ V J H

_____ aggressive	_____ honest	_____ pessimistic
_____ anxious	_____ independent	_____ quick
_____ calm	_____ irritable	_____ quiet
_____ cheerful	_____ jealous	_____ sarcastic
_____ confident	_____ lacks motivation	_____ sensitive
_____ conscientious	_____ lazy	_____ shy
_____ courteous	_____ lovable	_____ smart
_____ depressed	_____ moody	_____ stubborn
_____ dull	_____ neat	_____ submissive
_____ easily confused	_____ nervous	_____ talented
_____ easily excited	_____ optimistic	_____ talkative
_____ easily tired	_____ passive	_____ thoughtful
_____ feels inferior	_____ patient	_____ withdrawn
_____ friendly	_____ persevering	

Others, please specify: _____

CAPACITY AND INTEREST

Please check any of the items that best describes your child:

- | | |
|--|---|
| <input type="checkbox"/> impatient | <input type="checkbox"/> eager to do activities |
| <input type="checkbox"/> poor in comprehension | <input type="checkbox"/> finishes tasks easily |
| <input type="checkbox"/> slow learner | <input type="checkbox"/> learns quickly |
| <input type="checkbox"/> has short memory | <input type="checkbox"/> orderly |
| <input type="checkbox"/> has academic difficulties | <input type="checkbox"/> inquisitive |
| <input type="checkbox"/> creative | <input type="checkbox"/> imaginative |

Others, please specify:

3 OHDVH ZULWH VRPH RI \RXU FKLOG ¶V LQWHUHVWV IDYRULWHV L

1. individual games _____
2. group games _____
3. types of books _____
4. kinds of food _____
5. place he/she usually enjoys _____

OTHER PERTINENT INFORMATION

5 HODWH VLJQLILFDQW HYHQWV XQIRUJHWWDEOH H[SHULHQFHV

List down any difficulties, conflicts, obstacles or worries that you think disturbs your child.

In what way could the guidance counselor help him/her at this time? Please write other

LQIRUPDWLRQ ZKLFK \RX WKLQN LV YLWDO LQIRUPDWLRQ WR \R

List down three topics you are interested to learn from in a parenting seminar?