

CHILD'S FULL NAME : _____
(Passport Name)
FAMILY NAME FIRST NAME MIDDLE NAME

BIRTH DATE : _____ MALE FEMALE
MM/DD/YY

ENTRY GRADE : _____

NATIONALITY : _____

SURABAYA ADDRESS : _____

EMAIL : _____ TEL : _____



Your child's development and school progress are important to the faculty and staff at the Surabaya Intercultural School. Please share our mission by completing this questionnaire. The responses will remain confidential and shared only with the appropriate school personnel.

1. FAMILY HISTORY

A. PARENTS NAME : _____
(Passport Name)
FAMILY NAME FIRST NAME MIDDLE NAME

B. CHILD IS LIVING WITH BOTH PARENTS MOTHER FATHER GUARDIAN

C. GUARDIAN'S RELATIONSHIP TO FAMILY (If child is living with guardian) : _____

D. NAME OF BROTHERS AND/OR SISTERS :

NAME	AGE	GRADE	PLACE OF RESIDENCE
_____	_____	_____	_____
_____	_____	_____	_____

E. LANGUAGE(S) SPOKEN AT HOME : _____

ENGLISH IS SPOKEN AT HOME YES NO

F. PROFICIENCY IN ENGLISH AS A SECOND LANGUAGE (please check the appropriate) :

	NONE	VERY LITTLE	SOME	PROFICIENT
WRITTEN ENGLISH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SPOKEN ENGLISH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
READING ENGLISH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. PHYSICAL HISTORY

A. PLEASE CHECK THE ITEMS THAT DESCRIBE YOUR CHILD :

<input type="checkbox"/> VERY ACTIVE	<input type="checkbox"/> VERY QUIET	<input type="checkbox"/> AVERAGE	<input type="checkbox"/> ABOVE AVERAGE	<input type="checkbox"/> OTHER
<input type="checkbox"/> SHY	<input type="checkbox"/> AGGRESSIVE	<input type="checkbox"/> STUBBORN	<input type="checkbox"/> SOCIABLE	

B. MEDICAL / HEARING / VISION

HAS YOUR CHILD EVER HAD HEARING DIFFICULTY ? YES NO

HAS YOUR CHILD EVER HAD VISION PROBLEM ? YES NO

HAS YOUR CHILD EVER BEEN HOSPITALIZED ? YES NO

DOES YOUR CHILD HAVE ALLERGIES OR ASTHMA ? YES NO

DOES YOUR CHILD HAVE A MEDICAL CONDITION THE SCHOOL SHOULD KNOW ABOUT ? YES NO

If yes, please describe : _____

IS YOUR CHILD CURRENTLY TAKING MEDICATION ? YES NO

If yes, please indicate the type and purpose : _____

3. SCHOOL HISTORY

Please fill in the following information :

Name of School	Location	Grade Level Attended	Years Attended	Language of Instruction

Please indicate the contact person and telephone number of your child :

CONTACT PERSON : FAMILY NAME FIRST NAME MIDDLE NAME TITLE : _____
NAME OF SCHOOL : _____ TEL : _____ FAX : _____

Please check the appropriate answer :

- HAS YOUR CHILD EVER RECEIVED A DOUBLE PROMOTION (SKIPPED A GRADE)? YES NO
HAS YOUR CHILD EVER BEEN IDENTIFIED AS GIFTED OR TALENTED ? YES NO
HAS YOUR CHILD EVER BEEN RETAINED? GRADE : _____ YES NO
HAS YOUR CHILD RECEIVED ENGLISH AS A SECOND LANGUAGE ASSISTANCE ? YES NO
HAS YOUR CHILD EVER BEEN IN A SPEECH THERAPY PROGRAM ? YES NO
HAS YOUR CHILD EVER BEEN IDENTIFIED AS HAVING A LEARNING DISABILITY ? YES NO

Please indicate learning disability area :

- READING LANGUAGE MATHEMATICS

HAS YOUR CHILD EVER RECEIVED ACADEMIC ASSISTANCE DURING THE SCHOOL DAY ? YES NO

Please indicate the area of assistance : _____

HAS YOUR CHILD EVER RECEIVED TUTORING OUTSIDE OF THE SCHOOL DAY ? YES NO

Please indicate the area of assistance : _____

HAS YOUR CHILD EVER BEEN DENIED ADMISSION TO A SCHOOL? YES NO

Please describe : _____

HAS YOUR CHILD EVER EXPERIENCED SOCIAL, EMOTIONAL OR BEHAVIOURAL DIFFICULTIES ? YES NO

HAS YOUR CHILD EVER BEEN SUSPENDED FROM SCHOOL ? YES NO

4. SOCIAL HISTORY

Please check the appropriate descriptions of your child :

- ADJUSTS TO NEW SITUATIONS WITH EASE HAS A SMALL GROUP OF FRIENDS
 HAS NEVER HAD TO ADJUST TO A NEW SITUATION HAS MANY FRIENDS
 LIKES TO BE ACTIVE IN SCHOOL

Please list your child's favorite hobbies or interests :

Is there any other information you feel would be useful for those educating your child ?

I/WE HAVE COMPLETED AND SIGNED THIS QUESTIONNAIRE IN THE BELIEF THAT ALL ANSWERS ARE AS ACCURATE AS POSSIBLE.

PARENT'S NAME : _____ SIGNATURE : _____ DATE : _____ MM/DD/YY