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

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 :

E. LANGUAGE(S) SPOKEN AT HOME :

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

2. PHYSICAL HISTORY

A. PLEASE CHECK THE ITEMS THAT DESCRIBE YOUR CHILD :

□ VERY ACTIVE □ VERY QUIET □ AVERAGE □ ABOVE AVERAGE □ OTHER
□ SHY □ AGGRESSIVE □ STUBBORN □ 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:

<table>
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<tr>
<th>Name of School</th>
<th>Location</th>
<th>Grade Level Attended</th>
<th>Years Attended</th>
<th>Language of Instruction</th>
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Please indicate the contact person and telephone number of your child:

CONTACT PERSON : __________________________ 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____