We would like you to take time and conscientiously fill-out this form. The information and comments that you would share can be utilized and assist us in the formation of your child’s individuality. Rest assured that all information gathered from this form shall be dealt with utmost confidentiality.

GENERAL PERSONALITY MAKE UP
Check any of the following items that you feel best describe your child.

A. GENERAL DISPOSITION

- [ ] Cheerful
- [ ] Lovable
- [ ] Thoughtful
- [ ] Conscientious
- [ ] Talented
- [ ] Independent
- [ ] Friendly
- [ ] Jealous
- [ ] Quiet
- [ ] Optimistic
- [ ] Reserved
- [ ] Depressed
- [ ] Shy
- [ ] Stubborn
- [ ] Moody
- [ ] Passive
- [ ] Nervous
- [ ] Lazy
- [ ] Easily Bored
- [ ] Feels Inferior
- [ ] Easily Exhausted
- [ ] Submissive
- [ ] Withdrawn
- [ ] Irritable
- [ ] Sarcastic
- [ ] Pessimistic
- [ ] Quick
- [ ] Sensitive
- [ ] Suspicious
- [ ] Lacks motivation
- [ ] Calm
- [ ] Talkative

B. SOCIAL RELATIONSHIPS

At Home:

- [ ] Discusses problems w/ parents
- [ ] Enjoys the company of siblings
- [ ] Goes only with familiar people
- [ ] Enjoys family outing/affairs
- [ ] Generous with her things
- [ ] Difficult to deal with
- [ ] Friendly with household helpers
- [ ] Always fights with family members
- [ ] Demanding

In School:

- [ ] Afraid of teachers/students
- [ ] Enjoys the company of classmates
- [ ] Friendly with people in school
- [ ] Interested in class activities
- [ ] Always in trouble with classmates
- [ ] Would rather be alone
- [ ] Asserts himself/herself
- [ ] Is looked on as a leader
- [ ] Would rather be a follower

C. CAPACITY AND INTERESTS

Please check the items that best describe the capacity of your child:

- [ ] Alert, Active and Attentive
- [ ] Creative
- [ ] Fast Worker/finishes task easily
- [ ] Has academic difficulties
- [ ] Imaginative
- [ ] Impatient
- [ ] Inquisitive
- [ ] Eager to do his/her activities
- [ ] Learns Quickly
- [ ] Orderly and Organized
- [ ] Easily distracted
- [ ] Short Attention Span
- [ ] Lacks retention of previous lessons
- [ ] Poor in following instructions
- [ ] Poor in reading comprehension
- [ ] Aggressive in his/her actions
- [ ] Would rather be a follower
- [ ] Finds a hard time waiting for his/her turn
Please write some of your child's interests in the following areas:

a. Individual games played . . .

b. Types of books read . . .

c. Food preference . . .

d. Place/s he usually enjoys staying . . .

e. He throws tantrums or misbehaves when . . .

D. OTHER VITAL INFORMATION

List down any difficulties, conflicts, obstacles or worries that you have observed in your child?

__________________________________________________________________________________________

In what ways do you think could the school counselor help him/her?

__________________________________________________________________________________________

Please write any other information you think is of vital consideration to your child’s development.

__________________________________________________________________________________________

REMARKS FROM THE PARENTS/GUARDIANS:
(diagnosis not being mentioned or any special needs / care or other concerns for your child)
Please disclose correct and complete information.

__________________________________________________________________________________________

__________________________________________________________________________________________

Filled up by:

__________________________________________________________________________________________

_________________________ FATHER’S SIGNATURE ___________________________ MOTHER’S SIGNATURE ___________________________

WHOM TO CONTACT IN CASE OF EMERGENCY

NAME: __________________________ RELATIONSHIP TO THE CHILD: ________

ADDRESS: __________________________ TEL. #: __________________________

This is to affirm that all information provided in this application form are complete and accurate. Any false statement or misrepresentation made above may be a ground for the non-admission or exclusion of our son/daughter/ward.

Parents / Guardian’s Name & Signature __________________________ Relationship __________________________ Date __________________________