



## PARENT QUESTIONNAIRE

**Data Privacy Clause:** By completing this form, I hereby agree that Miriam College may collect, use, disclose and process the personal data of the applicant for the purpose of application to Miriam College Alviera. Requests for inspection, amendment or restriction of records must be in writing and addressed to Miriam College Alviera and must specify the reasons for the request. MC reserves the right to respond appropriately according to law.

Name of Applicant:		
Last Name	First Name	Middle Name
Nickname:	Date of Birth:	
Grade Level Applying for:		

**Dear Parents/Guardians,**

We would greatly appreciate it if you can share with the information asked below. Please base your answers on what you have observed **this last month**.

1. List down some of your child's strengths:

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2. Put an "x" mark in the box corresponding to the answer that most accurately describes your child:

	Always	Sometimes	Never
Separates easily from parent/s			
Stays focused on an activity for at least 10 minutes (e.g. playing with a toy, listening to a story)			
Follows simple directions after one or two prompts			
Enjoys interacting with other people or children			
Plays well with other children (e.g. sharing toys, taking turns)			
Uses words to express feelings and resolve conflicts			
Recognizes and responds to other people's feelings			
Manages emotions appropriately (e.g. rarely has temper tantrums)			

3. Can your child eat and drink independently? How are your child's eating habits?

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4. How many times does your child drink milk from a bottle? On what occasions does he/she use a bottle?

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5. Can your child recognize his/her toilet needs? How are your child's toilet needs practiced?

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6. List down the ages of other children living in the same house with your child. How is your child's relationship with them?

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7. How does your child communicate with you or with other people (e.g. verbal or actions)?

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8. Can you share a few instances where behavioral expectations and consequences are enforced on your child? Who mainly enforces them (e.g. Mother, Father, Grandparents, Household Helper, etc.)?

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9. Describe briefly the form/s of discipline implemented at home. How does your child usually respond to this/these?

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10. What usually motivates your child?

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11. What usually upsets your child? What is the best way to calm him/her down?

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12. Briefly describe a typical weekend of your child.

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13. Has your child attended (or currently attending) school, day care, or an activity program?  Yes  No  
If yes, what are the common concerns you encounter with your child's school activities/needs?

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14. On a daily basis, how much time does your child spend interacting with technology (e.g. television, tablet, mobile phone, or computer)? What is your gadget usage agreement?

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15. Put an "x" mark in the box to rate your child when he/she is in a familiar environment.

	1	2	3	4	5	6	7	8	9	10	
Calm											Restless
Quiet											Talkative
Resilient											Delicate
Attentive											Easily Distracted

16. What kind of learning environment would you like your child to experience at Miriam College Alviera?

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17. Is there any additional information you would like to share?

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18. Should options be offered, what class schedule would you prefer?

- Morning
- Afternoon
- Either morning or afternoon

I hereby certify that all information in this questionnaire is complete, true, and correct.

\_\_\_\_\_  
Signature over Printed Name of Parent/Guardian

\_\_\_\_\_  
Relationship to the Applicant

\_\_\_\_\_  
Date