

Date sent: \_\_\_\_\_

Date received: \_\_\_\_\_

## PARENT QUESTIONNAIRE

### Elementary Level – Request for Admission

Please insert  
a recent photograph of  
your child

We request that you answer the following questions as completely as possible in order to help us understand your child. This information will be part of his/her record and confidential.

<b>STUDENT'S IDENTIFICATION</b>	Last name			
	First name			
	Date of birth			
	Place of birth			
	Permanent Code			
	Mother tongue			
	Other languages			
	Religion			

<b>FATHER'S IDENTIFICATION</b>	Last name			
	First name			
	Address			
	City			
	Postal Code			
	Phonenumber at home		Phonenumber at work	

<b>MOTHER'S IDENTIFICATION</b>	Last name			
	First name			
	Address			
	City			
	Postal Code			
	Phonenumber at home		Phonenumber at work	

Correspondence should be sent to	Mother <input type="radio"/> Father <input type="radio"/> Both parents <input type="radio"/>		
	Other <input type="radio"/> Please specify		

Do you have a child attending a Vanguard School presently?	Yes <input type="radio"/>	Name of the child		
	No <input type="radio"/>	Level	Elementary Level <input type="radio"/>	High School Level <input type="radio"/>

FAMILY HISTORY	
1.	The child is living with : both parents <input type="radio"/> mother <input type="radio"/> father <input type="radio"/> shared custody <input type="radio"/> other <input type="radio"/>
2.	Please specify the frequency of the shared custody.
3.	If actual parents are not the natural parents, please explain.
4.	If the parents are separated who is considered to be the legal guardian?
5.	Has anyone in your family had a history of difficulty in learning to read or write or of general school difficulties? Please explain and give the relationship to the child.

OTHER CHILDREN IN THE FAMILY	NAME	AGE	RELATION (brother, half-brother, etc...)	GRADE IN SCHOOL

MEDICAL HISTORY			
PREGNANCY	1.	Were there complications during the pregnancy?	Yes <input type="radio"/> No <input type="radio"/>
	If yes, please explain.		

BIRTH AND CHILDHOOD	1.	Was the birth full term?	Yes <input type="radio"/> No <input type="radio"/>
	2. If not, please indicate the number of weeks of pregnancy.		
	3. What was the baby's weight?		
	4.	Were there complications at birth?	Yes <input type="radio"/> No <input type="radio"/>
	If yes, please explain.		



**HEALTH**

5. Has your child been <b>EVALUATED</b> for : (Please indicate the most recent one)		
<b>NEUROLOGY</b> Yes <input type="radio"/> No <input type="radio"/>	Where?	
	When?	
	By whom?	
	Diagnosis :	
<b>SPEECH</b> Yes <input type="radio"/> No <input type="radio"/>	Where?	
	When?	
	By whom?	
	Diagnosis :	
<b>HEARING</b> Yes <input type="radio"/> No <input type="radio"/>	Where?	
	When?	
	By whom?	
	Diagnosis :	
<b>PSYCHOLOGY</b> Yes <input type="radio"/> Non <input type="radio"/>	Where?	
	When?	
	By whom?	
	Diagnosis :	
<b>PSYCHIATRY</b> Yes <input type="radio"/> No <input type="radio"/>	Where?	
	When?	
	By whom?	
	Diagnosis :	
<b>SPECIAL EDUCATION</b> Yes <input type="radio"/> No <input type="radio"/>	Where?	
	When?	
	By whom?	
	Diagnosis :	
<b>SIGHT</b> Yes <input type="radio"/> No <input type="radio"/>	Where?	
	When?	
	By whom?	
	Diagnosis :	

**HEALTH**

6. Is your child presently being treated by a specialist? If so, please complete the following table.

1	Kind of specialist	
	Name of specialist	
	Date (the most recent one)	
	Address	
	Phone number	
	Reason of treatment	
	Frequency	
2	Kind of specialist	
	Name of specialist	
	Date (the most recent one)	
	Address	
	Phone number	
	Reason of treatment	
	Frequency	
3	Kind of specialist	
	Name of specialist	
	Date (the most recent one)	
	Address	
	Phone number	
	Reason of treatment	
	Frequency	
4	Kind of specialist	
	Name of specialist	
	Date (the most recent one)	
	Address	
	Phone number	
	Reason of treatment	
	Frequency	

## PERSONAL DEVELOPMENT

1. Do you perceive your child as :

	Yes	No	COMMENTS
Motivated to learn	<input type="radio"/>	<input type="radio"/>	
Curious	<input type="radio"/>	<input type="radio"/>	
Responsible	<input type="radio"/>	<input type="radio"/>	
Perfectionist	<input type="radio"/>	<input type="radio"/>	
Overly sensitive when something goes wrong	<input type="radio"/>	<input type="radio"/>	
Having difficulty expressing his message	<input type="radio"/>	<input type="radio"/>	
Having difficulty understanding what is said to him	<input type="radio"/>	<input type="radio"/>	
Having difficulty with fine motor activities (cutting, writing)	<input type="radio"/>	<input type="radio"/>	
Having difficulty with gross motor activities (swimming, jumping)	<input type="radio"/>	<input type="radio"/>	
Lethargic	<input type="radio"/>	<input type="radio"/>	
Inattentive : easily distracted by noise	<input type="radio"/>	<input type="radio"/>	
Inattentive : daydreams	<input type="radio"/>	<input type="radio"/>	
Overly sensitive to noise	<input type="radio"/>	<input type="radio"/>	
Hyperactive	<input type="radio"/>	<input type="radio"/>	
Impulsive	<input type="radio"/>	<input type="radio"/>	
Oppositional/defiant	<input type="radio"/>	<input type="radio"/>	
Having temper tantrums	<input type="radio"/>	<input type="radio"/>	
Aggressive	<input type="radio"/>	<input type="radio"/>	
Withdrawn	<input type="radio"/>	<input type="radio"/>	
Anxious or nervous	<input type="radio"/>	<input type="radio"/>	
Depressed	<input type="radio"/>	<input type="radio"/>	
Sensitive to changes in routine	<input type="radio"/>	<input type="radio"/>	
Sensitive to the feelings of others	<input type="radio"/>	<input type="radio"/>	
Being sociable and having friends	<input type="radio"/>	<input type="radio"/>	

2. What are the personality strengths of your child?
3. What are some of your child's positive qualities, interests, preferred books and hobbies?
4. How does your child feel about himself?

**SCHOOL HISTORY**

1. Describe your child regarding his/her school work.
2. Describe your child regarding his/her school behaviour.
3. With which problem are you most concerned regarding his/her academic level?

4. With which problem are you most concerned regarding his/her personal level?
5. What do you think is causing these problems?
6. How does he/she do his/her school work at home? (works by him/herself, needs your presence or help...).
7. How does your child feel about school?

<p>This questionnaire was completed by : _____</p> <p>Signature : _____ Date : _____</p>
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**P.S. Do not forget to complete the attached form.**

<p><b>AUTHORIZATION OF THE RESPONSIBLE PARENT</b></p> <p>I hereby authorize the person responsible for admissions at Vanguard School to communicate with the educators and professionals at the school my child currently attends in order to obtain supplemental information in relation to my child and his or her academic profile. This authorization will be valid throughout the period preceding my child's admission.</p> <p>Signature : _____ Date : _____</p> <p>Relationship to child : _____</p>
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## ACADEMIC HISTORY

*(Please fill out by beginning with the last school year of your child)*

Year	School name	Grade	Language of instruction		Class Type		Additional service					Comments Academic Progress / Behaviour
			English (%)	French (%)	Regular	Special Class	Remedial Teacher	Social Worker	Speech Therapist	Psychologist	Other	
20__ - 20__												
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