



Date sent: _____

Date received: _____

**PARENT QUESTIONNAIRE
REQUEST FOR ADMISSION
HIGH SCHOOL LEVEL**

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 will be kept confidential

RECENT
PHOTOGRAPH

STUDENT'S NAME: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

PERMANENT CODE: _____ MOTHER TONGUE: _____

OTHER LANGUAGES SPOKEN AT HOME: _____ RELIGION: _____

FATHER'S NAME (or guardian): _____
LAST NAME FIRST NAME

FATHER'S ADDRESS _____
STREET CITY POSTAL CODE

FATHER'S PHONE NUMBER : (HOME) _____ (WORK): _____

MOTHER'S NAME (or guardian): _____
MAIDEN NAME FIRST NAME

MOTHER'S ADDRESS _____
STREET CITY POSTAL CODE

MOTHER'S PHONE NUMBER : (HOME) _____ (WORK): _____

CORRESPONDENCE SHOULD BE SENT TO:

FATHER MOTHER

OTHER (please specify) _____
NAME

ADDRESS _____

I. FAMILY STATUS

The child is living with:

both parents mother father

other: _____

If actual parents are not the natural parents, please explain:

Other children in the family:

NAME	AGE	RELATION (brother, half-brother, etc.)	GRADE IN SCHOOL

II. MEDICAL HISTORY

Pregnancy

Describe the mother's health during pregnancy: _____

Did the mother have any problems with her health during the pregnancy, such as:

- Edema
 Nausea and vomiting beyond the third month
 Falls or fainting spells
 Other: _____

Birth and childhood

Was the birth full term? _____ What was the baby's weight? _____

Was the birth without complication
 with complication (specify) _____

	Yes	No
Did the child exhibit usual appearance and behaviour at birth?	<input type="checkbox"/>	<input type="checkbox"/>
Did the child have any breathing difficulty - when he/she was born?.....	<input type="checkbox"/>	<input type="checkbox"/>
- shortly after birth?.....	<input type="checkbox"/>	<input type="checkbox"/>
Was the child particularly active as an infant?.....	<input type="checkbox"/>	<input type="checkbox"/>
lethargic as an infant?.....	<input type="checkbox"/>	<input type="checkbox"/>
When the child was born, did he/she suffer from any convulsion?	<input type="checkbox"/>	<input type="checkbox"/>
did he/she suffer from any head injury?.....	<input type="checkbox"/>	<input type="checkbox"/>

How did he/she react, as a baby, to changes in routine (changing time of meal, going to bed, etc.)?

Describe any significant traumatic events, either emotional or physical, that might have affected the child from his early age to the present. _____

Health

Have there been any serious illnesses or chronic conditions in the child's history ?

What is the current health status? _____

Has he/she taken medication on a regular basis? Yes No

Reason for taking it : _____ Name of medication: _____

Dosage: _____ Doctor's name: _____

Is there any medication being given at this time? Yes No

Reason for taking it: _____ Name of medication: _____

Dosage: _____ Doctor's name: _____

Are there any health precautions that must be taken? _____

Does he/she eat well? Yes No

Does he/she sleep well? Yes No

Does he/she wet his/her bed at night? Yes No

Has your child been tested for:

Hearing Where and when: _____

Sight Where and when: _____

Speech Where and when: _____

Neurology Where and when: _____

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

Reason	Name of specialist	Address	Telephone

Family

Please indicate any disorders affecting other members of the family that might be significant? Also, indicate the relationship to the child?

Is anyone in your family (grandparents, brothers, sisters, etc.) left-handed? If yes, what is the relationship to the child?

Has anyone in your family had an history of difficulty in learning to read or write or of general school difficulties? Please explain and give the relationship to the child:

III. PERSONAL DEVELOPMENT

Comparing your child's development to the « average » child, please complete the following:

Activities	Fast	Average	Slow	Comments
Walking				
Running				
Climbing				
Buttoning				
Tying shoelaces				
Playing with toys				
Coloring				
Drawing				
Talking in sentences				
Understanding what is said				
Getting along with children his/her own age				

Please indicate your child's ability to deal with people:

	Difficult	Average	Easy
With his/her mother			
With his/her father			
With his/her sister (s)			
With his/her brother (s)			
With his/her teacher (s)			
With other children			

Do you perceive your child as:

	Yes	No	Comments
« Difficult » or « Different »			
Hyper-sensitive to the surrounding noise			
Hyperactive			
Clumsy			
Withdrawn			
Inactive or sluggish			
Sleepy or lethargic			
Overweight			
Impulsive or explosive			
Subject to temper tantrums			
Walking abnormally			
Having difficulty in writing or drawing			
Anxious or preoccupied			
Hard to understand verbally			
Having difficulty in listening			
Able to follow a conversation			
Obstinate or stubborn			
Sensitive to feelings of others (aware when they are unhappy or frightened, etc.)			
Socially uncomfortable			
Making friends easily			

What are the personality strengths of your child? _____

What are some of your child's positive qualities, interests, preferred books and hobbies?

How does your child feel about himself? _____

IV. SCHOOL HISTORY

How did your child react to starting school? _____

Describe your child regarding his/her:

- school behaviour: _____

- school work: _____

With which problem are you most concerned:

- academic level? _____

- personal level? _____

What do you think is causing these problems? _____

How does he/she do his/her school work at home?
(works by him/herself, needs your presence or help...) _____

How does your child feel about school? _____

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

ACADEMIC HISTORY

Class type	
R:	Regular
S.C.:	Special Class
R.C.:	Resource Class
E:	English
F:	French

Year	Grade	School name	Class Type/ Language of instruction	Individualized help/services (specify)	Comments Academic Progress/ Behaviour
20__-20__					
20__-20__					
20__-20__					
20__-20__					
20__-20__					
20__-20__					
20__-20__					
20__-20__					
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