

**PHILIPPINE SCIENCE HIGH SCHOOL SYSTEM**  
**CAMPUS: \_\_\_\_\_**

**PARENT QUESTIONNAIRE FORM**

The adjustment and development of your child at PSHS is the main concern of the Guidance Unit. To do this, we need some information from you as his/her parent and would be in the best position to furnish us with the needed information. Please answer all the items honestly and accurately. Your response will be kept confidential.

**Your Child's Name:** John Vincent Ramada

**I. INTEGRATION IN THE FAMILY**

1.1 Did the child grow up with both parents? ☒ Yes ☐ No

If not, with ☐ Father only ☒ Mother only

If the child grew up with the guardian:

Name of the Guardian: example guardian name

Relationship: example guardian relation

Number of years the child stayed with the guardian: 13

1.2 Does the child have specific duties at home? ☐ Yes ☒ No

If yes, please enumerate below:

example duty 1

example duty 2

example duty 3

How often?

sometimes

always

never

1.3 How would you describe your child's behavior at home?

example answer

1.4 Personality wise, how would you describe your child?

example answer

1.5 Do you go out with your child during free time? ☒ Yes ☐ No If yes, how often? example often

**II. HEALTH AND PHYSICAL DEVELOPMENT**

2.1 As parents, would you consider yourselves to be healthy? Father: ☒ Yes ☐ No Mother: ☐ Yes ☒ No

2.2 Has there been any serious disease(s) in the family? ☒ Yes ☐ No

If yes, please specify below the disease(s) and the family member who has it:

example family member disease

2.3 How would you describe your pregnancy with your child? ☒ Normal ☐ Difficult

2.4 How did the delivery occur? ☒ Premature ☐ Caesarian Section ☐ Overdue ☐ Induced ☐ Normal

2.5 Have you lost a child out of death? ☒ Yes ☐ No

2.6 Did your child experience a serious accident? ☐ Yes ☒ No

2.7 Does your child sleep well at night? ☒ Yes ☐ No

2.8 Approximately, how many hours does your child spend in sleeping? example child sleeping

2.9 Does your child eat well? ☒ Yes ☐ No

Impairment	Specifics	Diagnosed/ Undiagnosed
Physical	<u>example physical</u>	<u>example physical diagnostic</u>
Learning Disability	<u>example learning</u>	<u>example learning diagnostic</u>
Mental Disorder	<u>example mental</u>	<u>example mental diagnostic</u>
Autism Spectrum Disorder	<u>example autism</u>	<u>example autism diagnostic</u>
Others	<u>example other</u>	<u>example other diagnostic</u>

### III. CHILD'S PRESCHOOL AND ELEMENTARY LIFE

- 3.1 Did the child enroll in Preschool Level (Playschool, Nursery, Kindergarten)? ☐ Yes ☒ No
- 3.2 Age of entry to Grade 1: Years example Months example month
- 3.3 Which subject(s) was the child most likely interested in? example answer
- 3.4 Which subject(s) was the child least likely interested in? example answer
- 3.5 Describe the child's relationship with his/her teachers in Grade School:  
example answer
- 3.6 How often did you visit and follow-up your child in school? example answer
- 3.7 What were the Non-Academic difficulties did your child encounter in Grade School?  
example answer
- 3.8 How do you evaluate your child's academic performance in Elementary?  
☐ Overachieving ☐ Satisfactory ☒ Performing at full capacity ☐ Underachieving
- 3.9 How would you rate the child's social standing with the other school children?  
☐ Very Popular ☒ Average Popularity ☐ Likes to be popular ☐ Hardly Noticed ☐ Aloof
- 3.10 Was the child subjected to any disciplinary action? ☒ Yes ☐ No  
If yes, please specify: example specified
- 3.11 Did your child suffer from bullying? ☒ Yes ☐ No  
If yes, please specify: example specified

### IV. RESIDENCE WHILE AT PSHS

- 4.1 While studying at the PSHS, where would your child live?  
☒ Family Residence ☐ Guardian's Home ☐ School Dormitory ☐ Others: example other input
- 4.2 If the child is to stay at the dormitory,  
4.2.1 Is there someone here near PSHS who can be approached to help the child in his/her studies?  
☐ Yes ☒ No  
If yes, Name: example name PSHS  
Address: example address PSHS  
Contact No.: example contact number
- 4.2.2 How often will you be seeing your child?  
example often
- 4.3 If your child is a city scholar, what will be his/her mode of transportation in coming to school?  
☒ Public Transportation ☐ Carpool ☐ Family-Owned Vehicle

### IV. OTHER INFORMATION

- 5.1 How much allowance do you plan to give your child? example allowance
- 5.2 How do you plan to give the allowance?  
☐ Daily ☐ Weekly ☒ Monthly ☐ Through the Stipend
- 5.3 Was it the choice of your child to study in PSHS? ☒ Yes ☐ No
- 5.4 If you can choose a course/degree/program in college for your child, what would it be?  
example answer
- 5.5 How can you support your child while studying in PSHS?  
example answer

Name of Father: example answer  
Contact No.: example answer  
Email Address: example answer  
Signature: example answer

Name of Mother: example answer  
Contact No.: example answer  
Email Address: example answer  
Signature: example answer

### GUARDIAN

Name: example answer Relationship with the student: example answer  
Home Address: example answer Contact No.: example answer  
Office Address: example answer Contact No.: example answer

