**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.

${child-name}

**Your Child’s Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **INTEGRATION IN THE FAMILY**

1.1 Did the child grow up with both parents? [${1.1yes}] Yes [${1.1no}] No

If not, with [${1.1father-only}] Father only [${1.1mother-only}]Mother only

If the child grew up with the guardian:

Name of the Guardian: ${guardian-name} Relationship: ${guardian-relation}

${stayed-year}



Number of years the child stayed with the guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1.2 Does the child have specific duties at home? [${1.2yes}] Yes [${1.2no}] No

If yes, please enumerate below: How often?

${duty1-often}

 ${duty1}

${duty2-often}

 ${duty2}

${duty3-often}

 ${duty3}

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

${1.3}



1.4 Personality wise, how would you describe your child?

${1.4}

${1.5often}

1.5 Do you go out with your child during free time? [${1.5yes}] Yes [${1.5no}] No If yes, how often? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **HEALTH AND PHYSICAL DEVELOPMENT**

2.1 As parents, would you consider yourselves to be healthy? Father: [${2.1yes-father}] Yes [${2.1no-father}] No Mother: [${2.1yes-mother}] Yes [${2.1no-mother}] No

2.2 Has there been any serious disease(s) in the family? [${2.2yes}] Yes [${2.2no}] No

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

 ${family-member-disease}

2.3 How would you describe your pregnancy with your child? [${2.3normal}] Normal [${2.3difficult}] Difficult

2.4 How did the delivery occur? [${2.4premature}] Premature [${2.4caesarian}] Caesarian Section [${2.4overdue}] Overdue [${2.4induced}] Induced [${2.4normal}] Normal

2.5 Have you lost a child out of death? [${2.5yes}] Yes [${2.5no}] No

2.6 Did your child experience a serious accident? [${2.6yes}] Yes [${2.6no}] No

2.7 Does your child sleep well at night? [${2.7yes}] Yes [${2.7no}] No

${child-sleeping-hrs}

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

2.9 Does your child eat well? [${2.9yes}] Yes [${2.9no}] No

|  |  |  |
| --- | --- | --- |
| Impairment | Specifics | Diagnosed/ Undiagnosed |
| Physical | ${physical-specific} | ${physical-diagnose-undiagnosed} |
| Learning Disability | ${learning-specific} | ${learning-diagnose-undiagnosed} |
| Mental Disorder | ${mental-specific} | ${mental-diagnose-undiagnosed} |
| Autism Spectrum Disorder | ${autism-specific} | ${autism-diagnose-undiagnosed} |
| Others | ${other-specific} | ${other-diagnose-undiagnosed} |

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1. **CHILD’S PRESCHOOL AND ELEMENTARY LIFE**

3.1 Did the child enroll in Preschool Level (Playschool, Nursery, Kindergarten)? [${3.1yes}] Yes [${3.1no}] No

${3.2year}

${3.2month}

3.2 Age of entry to Grade 1: Years \_\_\_\_\_\_\_ Months \_\_\_\_\_\_\_

${3.3}

3.3 Which subject(s) was the child most likely interested in? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

${3.4}

3.4 Which subject(s) was the child least likely interested in? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3.5 Describe the child’s relationship with his/her teachers in Grade School:

${3.5}

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

${3.6}

3.6 How often did you visit and follow-up your child in school? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3.7 What were the Non-Academic difficulties did your child encounter in Grade School?

${3.7}

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3.8 How do you evaluate your child’s academic performance in Elementary?

[${3.8overachieving}] Overachieving [${3.8satisfactory}] Satisfactory [${3.8per-full-capacity}] Performing at full capacity [${3.8underachieving}] Underachieving

3.9 How would you rate the child’s social standing with the other school children?

[${3.9very-popular}] Very Popular [${3.9average-popularity}] Average Popularity [${3.9likes-be-popular}] Likes to be popular [${3.9hardly-noticed}] Hardly Noticed [${3.9aloof}] Aloof

3.10 Was the child subjected to any disciplinary action? [${3.10yes}] Yes [${3.10no}] No

${3.10specify}

If yes, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3.11 Did your child suffer from bullying? [${3.11yes}] Yes [${3.10no}] No

${3.11specify}

If yes, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**IV. RESIDENCE WHILE AT PSHS**

4.1 While studying at the PSHS, where would your child live?

[${4.1family-residence}] Family Residence [${4.1guardian-home}] Guardian’s Home [${4.1school-dormitory}] School Dormitory [${4.1other}] Others: ${4.1other-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?

[${4.2.1yes}] Yes [${4.2.1no}] No

${name-PSHS}

If yes, Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

${address-PSHS}

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

${contact-no}

Contact No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

${4.2.2often}

4.2.2 How often will you be seeing your child? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4.3 If your child is a city scholar, what will be his/her mode of transportation in coming to school?

[${4.3public-transportation}] Public Transportation [${4.3carpool}] Carpool [${4.3owned-vehicle}] Family-Owned Vehicle

**IV. OTHER INFORMATION**

5.1 How much allowance do you plan to give your child? ${5.1allowance}

5.2 How do you plan to give the allowance?

[${5.2daily}] Daily [${5.2weekly}] Weekly [${5.2monthly}] Monthly [${5.2stipend}] Through the Stipend

5.3 Was it the choice of your child to study in PSHS? [${5.3yes}] Yes [${5.3no}] No

5.4 If you can choose a course/degree/program in college for your child, what would it be?

${5.4}

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5.5 How can you support your child while studying in PSHS?  
 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

${5.5}

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

${name-mother}

${name-father}

**Name of Father: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of Mother: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

${contact-mother}

${contact-father}

Contact No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

${email-father}

${email-mother}

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

${signature-mother}

${signature-father}

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**GUARDIAN**

${relationship-guardian}

${name-guardian}

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship with the student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

${contact-guardian}

${home-guardian}

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

${contact-guardian}

${office-guardian}

Office Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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