

Parent Questionnaire

For Admissions Early Years (EY3 & EY4 )

|  |  |
| --- | --- |
| **APPLICANT’S INFORMATION** | |
| **Name of Applicant**  *(Name as it appears on the passport)* |  |
| **Chinese Name of Applicant** |  |
| **Date of Birth** *mm/dd/year* |  |
| **Your Name and Relationship to the child** |  |
| **Siblings Names & Ages** |  |

|  |  |
| --- | --- |
|  | **PERSONALITY** |
| Please consider your child’s personality and/or behavior in relation to each question and item listed below, and check the box that you feel is most accurate. Please submit the completed form to the ISB Admissions Office. Thank you. |

Please describe your child’s personality:

Please tell us your child’s interests and/or activities they enjoy.

Does your child usually: Play alone Play with one friend Play with two or more friends

Does your child play with: Younger children Older children Adults

**DEVELOPMENTAL HISTORY**

**Language & Culture:**

What countries and cultures has your child lived in? How long?

How long has your child lived in Beijing?

What language(s) are spoken in the home?

If your child has previously attended school, in what language(s) was s/he instructed? If your child was previously in a school type setting, please describe the program.

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Have there ever been concerns about your child’s development? Yes No

If yes, please describe:

**Social Development:**

***Check the box that best describes your child.***

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Almost always** | **Sometimes** | **Never** |
| Accepts limits without getting upset |  |  |  |
| Plays well with other children. (Takes turns and shares) |  |  |  |
| Stops an activity when parents say to stop |  |  |  |
| Does what the parent asks |  |  |  |
| Separates easily from parent/ care giver |  |  |  |
| Has temper tantrums |  |  |  |
| Gets along well with other children |  |  |  |
| Is easily frustrated and cries often |  |  |  |
| Goes to bed easily and without a struggle |  |  |  |
| Likes to be with other people |  |  |  |
| Admits mistakes / doesn’t blame others |  |  |  |
| Uses words rather than physical actions to resolve conflicts with other children |  |  |  |
| Asks permission to use something belonging to another |  |  |  |
| Keeps working at something until it is finished |  |  |  |

**ROUTINES**

**Toileting Information:**

Is your child toilet trained during the day?

Always Most of the time Occasional Accidents Not yet trained

Can your child use the toilet independently? Yes No

When might your child require assistance?

**OTHER**

Is there anything else you would like us to know about your child?

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