

**PHILIPPINE SCIENCE HIGH SCHOOL SYSTEM**

**CAMPUS:** CENTRAL MINDANAO 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:** \_\_\_\_\_

**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: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

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

If yes, please enumerate below: \_\_\_\_\_ How often? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

1.4 Personality wise, how would you describe your child?

\_\_\_\_\_

1.5 Do you go out with your child during free time?  Yes  No If yes, how 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:

\_\_\_\_\_

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? \_\_\_\_\_

2.9 Does your child eat well?  Yes  No

Impairment	Specifics	Diagnosed/ Undiagnosed
Physical		
Learning Disability		
Mental Disorder		
Autism Spectrum Disorder		
Others		

**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 \_\_\_\_ Months \_\_\_\_\_
- 3.3 Which subject(s) was the child most likely interested in? \_\_\_\_\_
- 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:  
\_\_\_\_\_
- 3.6 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?  
\_\_\_\_\_
- 3.8 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: \_\_\_\_\_
- 3.11 Did your child suffer from bullying?        Yes  No  
If yes, please specify: \_\_\_\_\_

**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: \_\_\_\_\_
- 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: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact No.: \_\_\_\_\_
  - 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?  
 Public Transportation        Carpool        Family-Owned Vehicle

**V. OTHER INFORMATION**

- 5.1 How much allowance do you plan to give your child? \_\_\_\_\_
- 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?  
\_\_\_\_\_
- 5.5 How can you support your child while studying in PSHS?  
\_\_\_\_\_  
\_\_\_\_\_

<b>Name of Father:</b> _____	<b>Name of Mother:</b> _____
Contact No.: _____	Contact No.: _____
Email Address: _____	Email Address: _____
Signature: _____	Signature: _____

**GUARDIAN**

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