

CO-0010



2x2 Photo

St. Michael's School Counseling Department

-Form for Parents-

Please read carefully the requested information. This information is confidential and for the exclusive use of the Psychology Department. The clarity and honesty of your answers will help us know your child more thoroughly. If you should have any questions, please do not hesitate to contact us to (809) 563-1707 ext. 814

The Counseling Department

COMPLETE NAME OF STUDENT: _____



St. Michael's School
Counseling Department
New Students

Name _____ Date of Birth ____/____/____ Age ____
MM DD YY

First and last name of mother: _____ Age ____

First and last name of father: _____ Age ____

School year of application _____

Date _____ Solicitor(s) _____

Date of psychological evaluation _____ Today's date _____

I. GENERAL DATA:

Knows English? Yes No Mother tongue: _____

Language spoken at home: _____

Contact phone numbers: Mother: Home _____ Office _____ Cel. _____

Father: Home _____ Office _____ Cel. _____

Person that takes care of child upon the absence of parents: _____ Age: _____

II. FAMILY INFORMATION:

Work timetable of mother: _____ Occupation: _____ Student lives with her: Yes No

Work timetable of father: _____ Occupation: _____ Student lives with him: Yes No

Marital status:

Married _____ Separated _____ Divorced _____ Other _____

Time together: _____ Child lives with whom: _____

Reaction to separation or divorce: _____

Stepfather/Stepmother Yes No Lives with him/her: _____

Name of stepfather (stepmother): _____ Age ____ Occupation _____

Phone numbers: _____

Is involved with the child's upbringing: _____

Siblings

Name	Sex	Age	Grade	School / Occupation
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Has a new member of the family been added? Whom?

Relationship of child with siblings: _____

Relationship of child with father: _____

Relationship of child with mother: _____

Has the family suffered any change, such as illness, death, change of address (number of times) or any traumatic event that may affect the scholastic development of the child? (explain)

III. BIRTH AND DEVELOPMENT:

Complications during pregnancy, during delivery, after delivery (diabetes, hypertension, etc.):

C-section: _____ Cause of C-section: _____

Weight at birth: _____ pounds Gestation period: _____

Difficulty in delivery: _____

At what age did your child:

Sit down: _____ Crawl: _____ Walk: _____ First words: _____ Simple sentences: _____

Urinary sphincter control: _____ Bowel control: _____.

Is there any condition in the family medical history that may have relevance (example: diabetes, attention deficit, allergies, asthma)? What relation does the child have with this person?

Is there any condition in the child's medical history that may have any relevance (example: attention deficit, allergies, intestinal problems)?

Does your child take any medication to treat it? _____

IV. CONDUCT / TEMPERAMENT

Within the family history, has there been any member presenting learning disabilities, mental illness, emotional or behavioral problems, (for example: dyslexia, depression, schizophrenia, anxiety, etc.)

Short attention span _____

Seems unhappy most of the time _____

Needs self control _____

Hides feelings _____

Has fears _____

Is hyperactive when playing _____

Seems impulsive _____

Adaptable to new situations _____

Demands much attention _____

Overreacts to things _____

What annoys your child? _____

How does your child react with classmates? _____

Is there any other information that we should know regarding the temperament of your child?

V. SEXUALITY

Are you concerned about the sexuality of your child? _____

VI. EDUCATION HISTORY

Name of previous schools

Reason for change

Reason for changing from present school: _____

Why have you chosen St. Michael's School? _____

Number of siblings in St. Michael's School: _____

Average grades (letter and number)* (Example: A, 90): _____

Highest grades / subjects (present school)*: _____

Lowest grades / subjects*: _____

Favorite subject*: _____

Least favorite subject*: _____

Gets nervous with exams?*: _____

**(Does not apply to students of 1st. Grade)*

Has your child had any difficulty in learning? / Any special program for advanced students or for students with difficulties? _____

Any difficulty with behavior in school? Any problems with adaptation, motivation, etc.?

Explain what worries you about your child.

Has your child ever visited a Psychologist? / Referred by whom? / Why? _____

Person assisting in homework: _____

Study Schedule timetable: _____

Time the child gets up in the morning: _____

Time the child goes to bed: _____

Time limit to return home when going out: _____

Timetable of child for breakfast, lunch, dinner, and snacks: _____

Extra curricular activities /hobbies/ time schedules: _____

List the activities, associations and/or clubs in which your child has participated in previous school(s) and prizes or recognitions received for said participation:

Activity / Association	Year	Recognition
_____	_____	_____
_____	_____	_____
_____	_____	_____

VII. DISCIPLINE

Who is in charge of the discipline at home? Methods used and types of punishment.

Are you all in agreement with the method of discipline used? _____

Responsibilities within the home: _____

Briefly describe your child: