



Foto  
2"x 2"

## St. Michael's School

Education Without Frontiers

# COUNSELING DEPARTMENT FORM

## for parents

Please read carefully all the information requested. This information is confidential and exclusive use of the Psychology Department. The clarity and honesty of your answers will help us know better your son/daughter. If you have any questions please contact us at 809-563-1707 .

The Counseling Department

Student full name: \_\_\_\_\_

Grade to wich he/she applies : \_\_\_\_\_



# COUNSELING DEPARTMENT FORM

Student name:

Date of birth:

 -  -   
day month year

Age:

 -   
years months

Mothers name:

Age: \_\_\_\_\_

Mothers last name:

Fathers name:

Age: \_\_\_\_\_

Fathers last name:

School year wich he/she applies: \_\_\_\_\_ Actual grade: \_\_\_\_\_

Date: \_\_\_\_\_ Informants: \_\_\_\_\_

Psychological evaluation date: \_\_\_\_\_

## 1 GENERAL STUDENT INFORMATION

- Do he/she speak english? Yes  No  Native language: \_\_\_\_\_
- What language do you speak at home: \_\_\_\_\_
- **Contact information:**
- Mother: home: \_\_\_\_\_ Office: \_\_\_\_\_ Cel.: \_\_\_\_\_
- Father: home: \_\_\_\_\_ Office: \_\_\_\_\_ Cel.: \_\_\_\_\_
- Person caring for the child in the absence of parents: \_\_\_\_\_
- Age: \_\_\_\_\_

## 2 FAMILY INFORMATION

- Mother work schedule: \_\_\_\_\_ Occupation: \_\_\_\_\_
- Place of work: \_\_\_\_\_
- Father work schedule: \_\_\_\_\_ Occupation: \_\_\_\_\_
- Place of work: \_\_\_\_\_

Marital status:

• Married  Separated  Divorced  Other \_\_\_\_\_

• Time together: \_\_\_\_\_ with whom the child lives: \_\_\_\_\_

• Reaction of the child toward the separation/divorce \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

• Does he/she has a stepmother/ spetfather?: Yes  No  Does the child lives with him/her?: Yes  No

• Name stepmother/ spetfather:

• Age: \_\_\_\_\_ Occupation: \_\_\_\_\_ Phone: \_\_\_\_\_

• Does he/she engage with the child? \_\_\_\_\_

• Student sibilings:

Name	Sex	Age	Grade	School / Ocupation
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

• Have been added a new member to the family? whom? \_\_\_\_\_  
\_\_\_\_\_

• Relationship of the child with his/her sibilings: \_\_\_\_\_  
\_\_\_\_\_

• Relationship with the father: \_\_\_\_\_

• Relationship with the mother: \_\_\_\_\_

• Have you had any family changes, such as illness, death, moving or traumatic event that may affect the educational development of your child? (explain)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### 3 BIRTH AND DEVELOPMENT

- Complications during pregnancy, childbirth, postpartum (diabetes, hypertension, etc. ) :  
\_\_\_\_\_  
\_\_\_\_\_

• C-Section: Yes  No  Cause of the C-Section \_\_\_\_\_

• Birthweight: \_\_\_\_\_ pounds Gestation period: \_\_\_\_\_

• Difficulty in childbirth \_\_\_\_\_

- At what age your son/daughter?:

sit \_\_\_\_\_ crawl \_\_\_\_\_ walk \_\_\_\_\_ said his/ her first word \_\_\_\_\_

said simple sentences \_\_\_\_\_ controlled urinary sphincter \_\_\_\_\_ controlled rectal sphincter \_\_\_\_\_

### 4 BEHAVIOR / TEMPERAMENT

- Is there any family member or history that has suffer from learning difficulties, mental illness, emotional problems, behavior issues (example: dyslexia, depression, schizophrenia, anxiety, etc.) \_\_\_\_\_  
\_\_\_\_\_

- Check with an X wich of these features your child presents

Short attention span

Needs to self-control

Fears

Seems impulsive

Demand to much atention

Most of the time he/she is unhappy

Hide his/her feelings

Tends to be overactive whe he/she plays

Adaptable to new situations

Over- react to situations

- What makes him/her angry? \_\_\_\_\_  
\_\_\_\_\_

- How does he/she relates to their classmates ? (discuss)

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

- Is there any other information we should know about your child's behavior ?

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

## 5 SCHOOL HISTORY

- Previous schools name: \_\_\_\_\_ Reason for change \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Why are you applying at St. Michael's School? \_\_\_\_\_
- How many sibiligs does he/she has at St. Michael's School: \_\_\_\_\_
- What is his/ hers actual record score (numbers and letters)\* (Example A, 90) \_\_\_\_\_
- Higher score subject (actual school)\* \_\_\_\_\_
- Lower score subject\* \_\_\_\_\_
- Favorite subject\* \_\_\_\_\_
- Least favorite subject\* \_\_\_\_\_
- Does he/she gets nerviuos before taking an exam?\* \_\_\_\_\_
- Has he/she had any difficulty in learning ? Has he/she taken any special programs for advanced or with difficulties students ? (discuss)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Has he/she had any difficulty in school for his/her behavior ? Problems to adapt,motivation, etc. (discuss)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Explain what concern you about your child:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Have you ever been to the spychologist? who referred you? why?  
\_\_\_\_\_  
\_\_\_\_\_

\*(No aplica a estudiantes 1er curso)

## 6 HABITS AND DAILY ROUTINE

- Person that helps him/her accomplish his/her homework \_\_\_\_\_
- what time does he/she studies \_\_\_\_\_
- What time does he/she wakes up \_\_\_\_\_
- What time does he/she goes to be \_\_\_\_\_
- What's his/ her curfew when he/she goes out \_\_\_\_\_
- What time does your child eats: breakfast, lunch, dinner, snacks \_\_\_\_\_

- Extra/curricular activities, hobbies. Schedule

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- List the activities, associations and / or clubs in which your child has participated in his/her previous schools, awards and / or recognition .

- Activities / Associations

Year

Award

Activities / Associations	Year	Award
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

## 7 DISCIPLINE

- Who is in charge of the discipline at home? What method do you use? Type of punishment.

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- Does everyone agrees with the discipline that is used at home ?

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- What are your child's responsibilities at home?

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