



2"x 2" Photo

## St. Michael's School

Education Without Frontiers

# COUNSELING DEPARTMENT FORM

for parents

*Please download and save on your device before filling it out*

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

The Counseling Department

Applicant's full name:

Grade to which he/she applies:

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# COUNSELING DEPARTMENT FORM

## for parents

Applicant's name:

Date of birth:  day  month  year      Age:  years -  months

Mother's name:

Mother's last name:  Age: \_\_\_\_\_

Father's name:

Father's last name:  Age: \_\_\_\_\_

Applying for (School Year): \_\_\_\_\_ Current Grade: \_\_\_\_\_

Date: \_\_\_\_\_ Application Grade: \_\_\_\_\_

Person(s) filling out this form: \_\_\_\_\_

Psychological Evaluation Date: \_\_\_\_\_

### 1 GENERAL APPLICANT INFORMATION

- Does he/she speak English? Yes  No  Native language: \_\_\_\_\_
- Language spoken at home: \_\_\_\_\_
- **Contact Information**
- Mother: Home: \_\_\_\_\_ Office: \_\_\_\_\_ Mobile: \_\_\_\_\_
- Father: Home: \_\_\_\_\_ Office: \_\_\_\_\_ Mobile: \_\_\_\_\_
- Person caring for the child in the absence of parents: \_\_\_\_\_
- Age: \_\_\_\_\_

### 2 FAMILY INFORMATION

- Mother's work schedule: \_\_\_\_\_ Occupation: \_\_\_\_\_
- Place of work: \_\_\_\_\_
- Father's 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 have a stepmother-stepfather?    Yes    No                      Does the child live with him/her?    Yes    No
- Stepfather/stepmother's name:
- Age: \_\_\_\_\_ Occupation: \_\_\_\_\_ Phone: \_\_\_\_\_
- How does he/she engage with the child?

**Student sibilings:**

Name	Gender	Age	Grade	School/Occupation
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- Has there been a new member of the family added? Whom?
- Relationship of the child with his/her sibilings:
- Relationship with the father:
- Relationship with the mother:
- Has there been any difficult situation for the family, 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 C-Section: \_\_\_\_\_
- Birth weight: \_\_\_\_\_ pounds      Gestation period: \_\_\_\_\_
- Difficulty in childbirth: \_\_\_\_\_
- At what age did your son/daughter?  
sit                      crawl                      walk                      say his/her first word  
say simple sentences                      control urinary sphincter                      control rectal sphincter

### 4 BEHAVIOR / TEMPERAMENT

- Is there any family history of learning difficulties, mental illness, emotional problems, behavior issues (example: dyslexia, depression, schizophrenia, anxiety, etc.)

- Check with an X which of the following features your child presents

- |   |  |
|---|--|
| <input type="checkbox"/> Short attention span       | <input type="checkbox"/> Most of the time is unhappy         |
| <input type="checkbox"/> Need to self-control       | <input type="checkbox"/> Hides feelings                      |
| <input type="checkbox"/> Fears                      | <input type="checkbox"/> Tends to be overactive when playing |
| <input type="checkbox"/> Seems impulsive            | <input type="checkbox"/> Non adaptable to new situations     |
| <input type="checkbox"/> Demands too much attention | <input type="checkbox"/> Over-reacts to situations           |

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

- How does he/she relate to classmates ? (discuss)  
\_\_\_\_\_

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

## 5 SCHOOL HISTORY

- **Previous Schools**

**Reason for change**

_____	_____
_____	_____
_____	_____
_____	_____

- Why are you applying to St. Michael's School? \_\_\_\_\_
- How many siblings does he/she have in St. Michael's School: \_\_\_\_\_
- What is his/her actual report card average score (numbers and letters)\* (Example A, 90) \_\_\_\_\_
- Higher score subject (actual school)\* \_\_\_\_\_
- Lower score subject\* \_\_\_\_\_
- Favorite subject\* \_\_\_\_\_
- Least favorite subject\* \_\_\_\_\_
- Does he/she get nervous before taking an exam?\* \_\_\_\_\_
- Has he/she had any difficulty in learning ? Has he/she taken any special programs (advanced or with difficulties)? (discuss)

\_\_\_\_\_

- Has he/she had any difficulty in school for his/her behavior ? Problems to adapt, motivation, etc. (discuss)

\_\_\_\_\_

- Explain what concerns you about your child:

\_\_\_\_\_

- Have you ever been to the psychologist? Who referred you? Why?

\_\_\_\_\_

*\*(Not for 1st grade applicants)*

## 6 HABITS AND DAILY ROUTINE

- Person that helps him/her accomplish his/her homework \_\_\_\_\_
- At what time does he/she study
- At what time does he/she wake up
- At what time does he-she go to bed
- What is his/her curfew time when he/she goes out
- What time does the child eat:

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 recognitions.

• 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 agree with the discipline that is used at home ?

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- What are your child's responsibilities at home?

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