



THE INTERNATIONAL SCHOOL OF KUALA LUMPUR

Elementary School Melawati Campus

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PARENT PRE-REGISTRATION QUESTIONNAIRE

Dear parents and guardians,

We are delighted that you are interested in enrolling your child in one of the early childhood programs at ISKL.

The purpose of this questionnaire is to obtain information about your child's physical, social, academic and emotional development prior to registration. The information you give will be used in the screening and placement process.

Prep Reception

Prep Reception hours are from 8:00 a.m. to 12:30 p.m. A child must be 3 years old by October 1 and be toilet trained independently to be accepted into this program.

Prep Junior

Prep Junior is a pre-kindergarten program. The program runs from 8:00 a.m. to 12:30 p.m. A child must be 4 years old by October 1 and be toilet trained independently to be accepted into this program.

Prep Senior

Prep Senior is a kindergarten program. The program runs from 8:00 a.m. to 2:45 p.m. A child must be 5 years old by October 1 to be accepted into this program.

Thank you.

INTERNATIONAL SCHOOL OF KUALA LUMPUR
EARLY CHILDHOOD PARENT QUESTIONNAIRE

Today's Date: _____

Name: _____ Date of birth: _____
Day/Month/Year

Completed by: _____ Relationship to child: _____

1. PERSONALITY

a) Please give three words that would best describe your child's personality:

b) Please tell us your child's interests. How does he/she spend free time?

c) Please describe any fears or anxieties your child may have?

2. DEVELOPMENTAL HISTORY

Language

a) How old was your child when he/she began to speak?

b) What language was used?

c) In previous schools, how much instructional time each day was conducted in English? Please circle:

Entirely in English 50% English Less than 50% English No English Instruction

d) What language(s) is used in the home? (Please be specific regarding the language(s) used with each member of the family, including domestic help.)

e) Were there concerns about early language development? (E.g. late to start talking, distorting sounds, problems being understood, etc.)

Hearing

Please give details of any hearing problems your child has had: _____

Sight

Please give details of any visual problems your child has had: _____

Does your child wear glasses? _____ Yes _____ No

If yes are they for: a) reading b) distance c) other _____

Motor

Have there been concerns about your child’s motor development? _____ Yes _____ No
(E.g. walking late, balance or coordination problems, difficulty holding pencil or with writing or handling small objects.)

If “yes” please give details: _____

Social Development

Put an X in the box that best describes your child.	Almost always	Sometimes	Never
Sticks to one activity (e.g. listens to story) for at least 15 minutes at a time.			
Accepts own limits without getting upset.			
Plays well with other children. Takes turns and shares.			
Stops an activity when parents say to stop.			
Does what is asked by a parent.			
Separates easily from parent /care giver.			
Has temper tantrums.			
Is easily frustrated and cries often.			
Notices other peoples’ feelings.			
Waits to hear the whole question before answering.			
Likes to be with other people.			

3. HEALTH

a) Birth weight: _____

b) Complications during pregnancy or birth: _____

c) Has your child had any serious illnesses, significant allergies, surgeries or a major accident?

d) Is your child regularly taking medication or receiving frequent medical treatment?

If "yes" please give details: _____

4. FAMILY INFORMATION

a) Please list the name and relationships of the immediate family members as well as any other people who live with the child (please include domestic help and the ages of siblings).

b) If you are new to Malaysia, please comment on any changes for your family associated with the move (e.g. change in work routine for either parent, type of present living accommodation).

c) How does your child show affection?

d) Describe your child's separation behavior when you leave him/her with other care givers.

What things do you do to ease any separation problems?

e) Who are the main people that are responsible for establishing behavioral expectations and consequences for your child (mother, father, domestic help, others)? Please explain. _____

f) What form of discipline do you use at home and how does your child respond to discipline?

g) Is there anything unique about your family that you'd like to share with us that would be useful in our work with your child?

5. ROUTINES

Toileting Information:

a) Is your child toilet-trained during the day? (Please circle)

Always Most of the time Occasional accidents Not yet toilet trained

b) Can your child visit the toilet alone? _____ Yes _____ No

Requires assistance (Please check)

- _____ clothing
- _____ self care (clean up)
- _____ prefers not to go alone

c) Can your child independently recognize the need to use the toilet and do so accordingly?

Always Most of the time Requires assistance

Sleeping habits

a) Does your child currently nap in the day? If so when and for how long?

b) How many hours does your child normally sleep at night? _____

c) What is your child's usual bedtime on week nights? _____

d) Describe you child's bedtime routine. _____

Eating habits

a) Is your child able to feed him/herself independently? Explain. _____

b) What are your child's preferred foods?

c) Can your child manage most storage bags, Tupperware, lunch kits?
