Dear Parents and Guardians,

We are delighted that you are interested in applying for your child in the early childhood program at ISKL.

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

**Prep Reception**

Prep Reception hours are from 8:00 am to 12:30 pm. A child must be 3 years old by September 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 am to 12:30 pm. A child must be 4 years old by September 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 am to 2:45 pm. A child must be 5 years old by September 1 to be accepted into this program.

Thank you.
EARLY CHILDHOOD PARENT QUESTIONNAIRE

Today's Date: _____________________________

Name of Child: _____________________________ Date of Birth: _______________________

Completed by: _____________________________ Relation to child: _______________________

PERSONALITY

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

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

Please describe any fears or anxieties your child may have.
____________________________________________________________________________________

DEVELOPMENTAL HISTORY

If your child has previously attended school, how much instructional time each day was conducted in English? (Please circle)

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

____________________________________________________________________________________

Have there been concerns about your child's development? Yes [ ] No [ ]
E.g. walking or talking late, balance or coordination problems, difficulty handling small objects, independence skills.
If "yes" please give details: __________________________________________________________

Social Development

Put an X in the box that best describes your child.

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<thead>
<tr>
<th></th>
<th>Almost always</th>
<th>Sometimes</th>
<th>Never</th>
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<tbody>
<tr>
<td>Sticks to one activity (e.g. listens to story) for at least 15 minutes at a time</td>
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<tr>
<td>Accepts own limits without getting upset</td>
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<td>Plays well with other children. Takes turns and shares</td>
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<td>Stops an activity when parents say to stop</td>
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<tr>
<td>Does what is asked by a parent</td>
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<tr>
<td>Separates easily from parent/care giver</td>
<td></td>
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<tr>
<td>Has temper tantrums</td>
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<td>Is easily frustrated and cries often</td>
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<td>Notices other people's feelings</td>
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<td>Waits to hear the whole question before answering</td>
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<tr>
<td>Likes to be with other people</td>
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FAMILY INFORMATION

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).

_________________________________________________________________________________________________________

How does your child show affection?
_________________________________________________________________________________________________________

_________________________________________________________________________________________________________

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?
_________________________________________________________________________________________________________

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

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

ROUTINES

Toileting Information

a) Is your child toilet-trained during the day?
   ○ Always ○ Most of the time ○ Occasional accidents ○ Not yet toilet trained

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

   Requires assistance: ○ 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

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

_________________________________________________________________________________________________________

How many hours does your child normally sleep at night? ________________________________

What is your child’s usual bedtime on week nights? ________________________________

Describe you child’s bedtime routine. ____________________________________________

_________________________________________________________________________________________________________

Eating habits

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

_________________________________________________________________________________________________________

What are your child’s preferred foods?

_________________________________________________________________________________________________________

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

_________________________________________________________________________________________________________