



# THE INTERNATIONAL SCHOOL OF KUALA LUMPUR

2, Lorong Kelab Polo Di Raja, 55000 Kuala Lumpur, Malaysia

Phone: (603) 4813 5004 | Fax: (603) 4813 5104 | Email: admissions@iskl.edu.my

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## EARLY CHILDHOOD PROGRAM

### PARENT QUESTIONNAIRE

#### (Prep Reception, Prep Junior & Prep Senior)

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.



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## 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.**

	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 people's feelings			
Waits to hear the whole question before answering			
Likes to be with other people			

## 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).

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How does your child show affection?

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

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What things do you do to ease any separation problems?

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

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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?

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How many hours does your child normally sleep at night? \_\_\_\_\_

What is your child's usual bedtime on week nights? \_\_\_\_\_

Describe your child's bedtime routine. \_\_\_\_\_

### **Eating habits**

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

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What are your child's preferred foods?

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