



MIRIAM COLLEGE

Diversity Ave. cor. Evolving Parkway, Nuvali, Calamba, Laguna
(+63 49) 5760987 | +63 916-338-4085 | +63 917-678-6268
www.mc.edu.ph/nuvali

PARENT QUESTIONNAIRE

(For Preschool applicants only)

School Year 20____ to 20____

Student's Name: _____ Nickname: _____

Date of Birth: _____ Level Applying for: _____

Dear Parents / Guardians,

We would greatly appreciate if you can share with us more about your child so we can see him/her the same way you do by providing us with as much information asked below. Please base your answers on what you have observed **this last month**.

1. List down some of your child's strengths:

2. Put an "X" mark in the box that most accurately describes your child:

	Almost Always	Sometimes	Never
Stays doing an activity for 10 minutes (e.g. playing with a toy, listening to a story)			
Plays harmoniously with other children (e.g. sharing of toys, taking turns)			
Expresses oneself through words in resolving conflicts (instead of physical actions)			
Has temper tantrums			
Loves to interact with other people / children			
Recognizes other people's feelings			
Follows directions given once or twice only			
Separates easily from parent/s			

3. Can your child eat and drink independently? How is your child's feeding habits?

4. How many times does your child drink milk from a bottle? On what occasions does s/he use a bottle?

5. Can your child recognize his/her toilet needs? How is your child's toilet need practiced?



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6. List the ages of other child/ren living in the same house with your child. How is their relationship?

7. How does your child usually communicate with you or with other people (e.g. verbal or actions)?

8. Can you share a few instances where behavioral expectations and consequences are enforced to your child?
Who mainly enforces them (e.g. Mother, Father, Grand Parents, Household helper, etc.)?

9. Describe briefly the form/s of discipline implemented at home? How does your child usually respond?

10. What usually motivates your child?

11. What usually upsets your child? What is the best way to calm him/her down?

12. Briefly describe a typical weekend of your child.

13. Has your child attended (or is currently attending) school, day care, or an activity program? (If the answer is NO, skip to question 15). Briefly describe a typical school day of your child.

14. What are the common concerns you encounter with your child's school activities/needs?

15. On a daily basis, how much time does your child spend interacting with technology (e.g. television, iPad, mobile phone, or computer)? What is your gadget usage agreement?



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16. Put an "X" mark on the scale to rate your child when s/he is in a familiar environment:

	1	2	3	4	5	6	7	8	9	10	
Calm											Excitable / Restless
Quiet											Talkative
Resilient											Delicate / Weak
Attentive											Easily distracted
Independent											Dependent

17. What kind of learning environment would you like your child to experience at Miriam College Nuvali?

18. Is there any additional information you would like to share?

I hereby certify that all information supplied for _____, _____ (name & grade level of student) in this application is complete, true and correct.

I willingly give my consent to use the information gathered and documents submitted for Miriam College Nuvali application purposes.

Name & Signature of Parent/s or

Authorized Guardian

Relation to the Student

Date