



ST. LAWRENCE INTERNATIONAL SCHOOL

(Managed By: St. Lawrence Educational & Charitable Trust D-69 Thane)

Affiliated to the Central Board of Secondary Education (C.B.S.E.) - Code 1130725

Adharwadi - Umbarda Road, Umbarda Village, Kalyan (W) 421301, Maharashtra

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COUNSELING FORM Pre-School

STUDENT NAME: _____

GENDER: (M/F) _____ BLOOD GROUP: _____ +ve/-ve

NATIONALITY: _____ RELIGION: _____

FIRST LANGUAGE : _____ DATE OF BIRTH: _____

OTHER LANGUAGES SPOKEN: _____

PREVIOUS SCHOOL ATTENDED: _____

1. Did your child receive any special educational Support? (If yes please specify)

2. How many siblings does your child have?

3. How does your child treat his/her siblings?

4. Does your child throw tantrums?

5. How do you handle his/her tantrums?

6. Does your child greet elders?

7. Does your child share his/her belongings?

8. How often do you notice fights between your children?

9. What role do you play in settling their fights?

10. Who among the two accept the mistake?

11. What is your child's favourite TV show / game?

12. What games does your child prefer to play when outside?

13. How much time do you actually spend with your child and how? (Mother/Father)

Is your child a special child? If yes please specify below:

Does your child needs psychological or physical supervision? If yes Please specify below.

Please specify below if your child is taking long term prescription medicine.

Is there any reason your child should have restricted physical activity?

I confirm the above information is true and correct to the best of my knowledge.

Date

Parent's Name & Signature

SLIS Co-Ordinator's Remarks (For School Use Only)

Date: _____

Co-ordinator's Name & Sign.