



# 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

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## COUNSELING FORM PRE-SCHOOL

STUDENT NAME: \_\_\_\_\_

GENDER: (M/F) \_\_\_\_\_ BLOOD GROUP: \_\_\_\_\_

NATIONALITY: \_\_\_\_\_ RELIGION: \_\_\_\_\_

FIRST LANGUAGE : \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

OTHER LANGUAGES SPOKEN: \_\_\_\_\_

PREVIOUS SCHOOL ATTENDED: \_\_\_\_\_

A) Is your child currently living with (please tick ✓ one):

Both

Mother

Father

Relative / Guardian

If not living with both parents, please specify the reason - \_\_\_\_\_

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?

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6. Does your child greet elders?

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7. Does your child share his/her belongings?

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

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

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10. Who among the two accept the mistake?

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

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

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

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

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