



PARENT PARTNERSHIP QUESTIONNAIRE - Grades 1 to 4

Name of Applicant: _____ Date of Birth: _____ Age: _____

Form completed by: _____ Relationship to child: _____ Grade: _____

Language/s spoken at home: _____ Date: _____

Dear Parents and Guardians,

We are delighted that you are interested in enrolling your child in our Elementary School. International School Manila (ISM) is an inclusive, independent, international school for expatriate and globally mobile students. This questionnaire is designed to give us an insight into your child's physical, social, academic and emotional development. The information you provide will assist us in the placement process, and allow us to better understand your unique family context. Please submit this with your child's application. Thank you for helping us understand your child so we can best support them at school.

Kind regards,

ISM Admissions Team

Please email this form directly to the Director of Admissions at International School Manila:
admissions@ismanila.org

YOUR FAMILY

Who are the people in your family?

Please insert a family photo in the box below.

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Are there any family considerations that you would like us to be aware of in order to support your child i.e. single parent, parent living overseas, parent traveling often, your family identifies with a specific community, unique birth/adoption story, cultural considerations, language considerations, etc.?

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Please describe your reason for choosing ISM for your child's education.

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Please describe your child's international moves (if any) and/or your child's schooling journey i.e., school currently attending or schools attended.

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YOUR HOUSEHOLD

Who are the people in your household?

What does a typical weekday evening look like for your child?

What does a typical Saturday and Sunday look like for your child?

What do you do together as a family?

Who does your child usually spend time with at home?

Does your child have regular play dates or opportunities for engaging with other children?

If your child has siblings, please share details about how they get along.

If your child does or says something undesirable, how do you manage the situation?

What is your child's usual bedtime? How many hours of sleep does your child get each night?

How many hours does your child spend on a device (iPad/Phone/computer/TV) each day?

If you would like to learn more about online safety or family media plans, please check this box:

Home Language(s)

Which language(s) has your child been exposed to?

Which language(s) does your child feel strongest speaking, reading, writing in?

Please explain how language operates in the home. (For example: Mom and dad speak Korean together. Mom speaks English with Jun and Eunsoo. Dad speaks English and Korean with Jun and Eunsoo. Eunsoo and Jun speak both English and Korean together)

YOUR CHILD

Strengths and Development

Please share 3 words that describe your child.

Please tell us about your child's strengths and interests.

Please describe the areas in which your child may require support (i.e., socially, emotionally, academically, physically).

Please confirm at which age your child reached the following milestones.

Milestones	Age
Sat upright	
Crawled	
Walked	
Toilet-trained	
First words	
Dressing independently	

As a young child or more recently, did your child experience any notable challenges with the following?

Notable Challenge Area	Young Child (0-5 years)	More Recently	Notable Challenge Area	Young Child (0-5 years)	More Recently
Maintaining eye contact			Resistance to change		
Getting along with others			Resistance to changes in schedule		
Strong or consistent fears			Resistance to affection		
Separation anxiety			Overactive behavior		
Ongoing colic or irritability			Emotional regulation		
Sleeping through the night			Coordination or movement		

Support Services

Has your child received any of the following services? Please check:

Services	N/A	In school	Out of school	Name/Email
Language/speech therapist				
Physical/occupational therapist				
Psychologist/psychiatrist/therapist				
Resource (for special learning needs)				
Tutor				
English as an Additional Language (EAL)				

Does ISM have your permission to contact these specialists? Please check one:

☐

Yes

☐

No

Please submit along with this form, a copy of any important reports from these specialists.