



PUNTACANA®
INTERNATIONAL SCHOOL

Family Interview

Date: _____

Student Information

Name: _____

Date of Birth: ____/____/____ Age: _____ Nationality: _____

Entering Grade: _____ Previous School: _____

Native Language: _____ Second Language: _____

Who does the child live with: _____

Number of siblings: ____ Child position: ____

Parent/Tutor Information

Marital Status: Married___ Divorced____ Separated_____ Common Law___ Widowed: ____

Fathers Name _____

Occupation: _____

Telephone: _____ Email: _____

Mothers Name: _____

Occupation: _____

Telephone: _____ Email: _____

Development Information

Pregnancy: Planned: _____ Not Planned: _____ Delivery: _____ Hours in labor: _____

Abortions: _____ Emotional State: _____

Weight: _____ Height: _____ Cried: _____ Color: _____

Breast Feed: _____ Time _____

Any particular situations: _____

Please specify at what age.

Sphincter control: _____ Crawling: _____ Walking: _____

Language Acquisition: _____

Please specify eating habits:

Please specify sleeping habits:

Health: _____

Is your child currently taking any medication: ____ Please Specify: _____

Allergies: _____

Has your child even been referred to a specialist (pneumologist, neurologist)? Yes ____ No ____

Please specify _____

Activities he or she enjoys the most: _____

Activities he or she dislikes: _____

Please describe the relationship/dynamic between the child and his/her siblings:

Please describe the relationship/dynamic with your child:

Please describe your child's schooling experience:

Has your child ever been referred to a Mental health specialist (Psychologist, psychiatrist)?

Yes _____ No _____

If you answered yes, please specify the reason as well as the time frame:

Do you allow PCIS to contact the attending specialist? Yes _____ No _____

Please provide the contact information of the specialist.

Parents