



**SAIGON SOUTH INTERNATIONAL SCHOOL**

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Ho Chi Minh City, Vietnam  
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***DEVELOPMENTAL QUESTIONNAIRE – Pre-School to grade 5***

Student’s Name \_\_\_\_\_  
Last (Family) First (Given) Middle Nickname

Date of Birth \_\_\_\_\_ Applying to Grade: \_\_\_\_\_

Your child’s developmental and school progress are important to us. Please share it by completing this questionnaire. The information contained on this questionnaire will remain confidential and will be viewed only by the school personnel who require this information in order to address your child’s unique educational needs.

**Family History**

Father’s Name: \_\_\_\_\_ Mother’s Name \_\_\_\_\_

Name of Guardian: \_\_\_\_\_ Relationship to Family: \_\_\_\_\_

Student will be living in Ho Chi Minh City with (check all that apply):

- Father
- Mother
- Step -Father
- Step-Mother
- Guardian
- Other

Name of brothers and sisters:	Age	Grade	School Attending
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Language(s) spoken at home \_\_\_\_\_

Child’s first language(s) \_\_\_\_\_

# Physical History

## Pregnancy with this child:

- Normal
- Difficulties (please describe) \_\_\_\_\_
- Trimester in which difficulties occurred      1      2      3

## Birth of this child was:

- Full Term                      Premature                      Late (how late? \_\_\_\_\_)
- Child's Birth Weight      \_\_\_\_\_ lbs                      \_\_\_\_\_ oz                      \_\_\_\_\_ kg
- Length of Labor                      \_\_\_\_\_ hrs
- Child was adopted

## Early Life - Please describe your child as an infant:

- Very Active                      Very Quiet                      Irritable                      Colicky                      Average
- Slept Well                      Hardly Slept                      Restless                      Never Napped
- Feeding Difficulties (poor sucking, spitting up, vomiting, choking)

Please explain \_\_\_\_\_

## Hearing / Vision:

Hearing Concerns: \_\_\_\_\_

Vision Concerns: \_\_\_\_\_

## Has your child ever been examined or hospitalized for:

<input type="radio"/> Encephalitis	<input type="radio"/> Meningitis	<input type="radio"/> Seizures/Convulsions
<input type="radio"/> Head Injury	<input type="radio"/> Allergies	<input type="radio"/> Neurological Problems
<input type="radio"/> Prolonged Fever	<input type="radio"/> Asthma	<input type="radio"/> Recurrent Ear Infections

Please explain: \_\_\_\_\_

## Child is currently taking the following medications:

1. \_\_\_\_\_ 2. \_\_\_\_\_

Reason: \_\_\_\_\_

## **Developmental History**

Please comment on your child's developmental milestones and age of accomplishment:

<b>Milestones</b>	<b>Early</b>	<b>Average</b>	<b>Late</b>
<b>Toilet Training</b>			
<b>Crawling/Walking</b>			
<b>Gross/Fine Motor Skills</b>			
<b>Talking</b>			
	<b>Below Average</b>	<b>Average</b>	<b>Above Average</b>
<b>Attention</b>			
<b>Maturity Level</b>			
<b>Social Skills</b>			

## **School History**

Please list all schools attended (most recent school first, be specific, submit official transcripts/report cards)

<b>School Name</b>	<b>Location (Country) Address Phone Number</b>	<b>Dates Attended</b>		<b>Grade Level(s)</b>	<b>Language of Instruction</b>

**Please circle the appropriate answer and explain in detail where needed:**

- |   |     |    |       |
|---|-----|----|-------|
| 1. Has your child ever received a double promotion (skipped a grade)?           | Yes | No | Grade |
| 2. Has your child ever been in a gifted/talented/honors program?                | Yes | No | Grade |
| 3. Has your child ever repeated a grade?  | Yes | No | Grade |
| 4. Has your child ever been in an ESL program?                                  | Yes | No | Grade |
| 5. Has your child ever had speech therapy?                                      | Yes | No | Grade |
| 6. Has your child ever been evaluated for a learning disability                 | Yes | No | Grade |
| 7. Has your child ever received extra help during the school day?               | Yes | No | Grade |
| 8. Has your child ever received tutoring outside of school?                     | Yes | No | Grade |
| 9. Has your child ever experienced emotional, social or behavioral difficulties | Yes | No | Grade |
| 10. Has your child ever been suspended or denied admission to school?           | Yes | No | Grade |

## **Social History**

My child:      Adjusts with ease to new situations      Takes time to adjust to new situations

What talents or abilities does your child have and wish to develop further (i.e. music, athletics, academics)?

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We believe that education is a partnership between the school and the family. Please feel free to comment on anything additional that would assist us in working with your child.

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**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_