



Nagoya International School

# Early Learning Center Questionnaire

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ELC入学希望者 発育状況、健康状態に関する質問票  
**Student Information & Development History**

For ELC Preschool & Kindergarten Applicants

ELCプリスクール3・4歳児、キンダーガーデンにお申し込みの方のみ、入学願書と共にご提出下さい

Complete and submit **TOGETHER** with the NIS Application for Admissions Form



# Student Details

▲ Date

▼ Student Name: \_\_\_\_\_ ▼ Age: \_\_\_\_\_  M  F

▼ Date of Birth: (month, day, year) \_\_\_\_\_ ▼ Preferred Name or "Nickname": (if different) \_\_\_\_\_

▼ List others who reside with student: (i.e. parents, brothers, sisters, grandparents, aunts/uncles, housekeeper, etc.) \*Please specify age

#1 • _____ (age: _____)	#3 • _____ (age: _____)	#5 • _____ (age: _____)
#2 • _____ (age: _____)	#4 • _____ (age: _____)	#6 • _____ (age: _____)

▼ Tel: \_\_\_\_\_ ▼ Emergency contact information: \_\_\_\_\_

• Is student currently attending (or attended) a preschool or nursery?  Yes  No (if yes, list school name, enrollment length, and language of instruction below)

#1 • _____ ( _____ m/yrs attended )	• Was/is the language of instruction English? <input type="checkbox"/> Yes <input type="checkbox"/> No
#2 • _____ ( _____ m/yrs attended )	• Was/is the language of instruction English? <input type="checkbox"/> Yes <input type="checkbox"/> No

## Language Information

• Languages spoken by Mother: **1st (Native) Language:** \_\_\_\_\_ **Other Language(s):** \_\_\_\_\_

• Languages spoken by Father: **1st (Native) Language:** \_\_\_\_\_ **Other Language(s):** \_\_\_\_\_

• Languages spoken by Student: **Dominant (Native) Language:** \_\_\_\_\_ **Other Language(s):** \_\_\_\_\_

• Main language spoken between Siblings: \_\_\_\_\_

• Student is able to answer "yes" or "no" clearly when teachers ask questions:  Yes  No

• Literacy activities pursued at home: (in any language) \_\_\_\_\_

## English Language Information (for English as Second Language Learners only)

• Is English spoken in the home?  Yes  No • If yes, what percentage of time, per day, is English used as a family? \_\_\_\_\_%

• If English is spoken in the home, list who speaks it: \_\_\_\_\_

• Student has studied the English language in a school setting:  Yes  No • If yes, how many hours per week? \_\_\_\_\_ Hours

• If student has studied English in a school setting, at what age did he/she begin? \_\_\_\_\_

• How will parents support the student's English language acquisition? \_\_\_\_\_

• How will parents support the continued development of student's "mother" tongue, if different than English? \_\_\_\_\_

• Estimate student's level of competence in English with a child of similar age:  **Competent Communicator**  **Communicates with Effort**  **Communication is Limited**

## Social/Physical Development

• Student is:  Left-Handed  Right-Handed

• Student is able to:

• Put on (and off) clothes, coat, etc. <input type="checkbox"/> Yes <input type="checkbox"/> No	• Use the toilet and able to manage clothing when using the bathroom <input type="checkbox"/> Yes <input type="checkbox"/> No
• Put on (and of) shoes <input type="checkbox"/> Yes <input type="checkbox"/> No	• Eat with spoon/chopsticks properly <input type="checkbox"/> Yes <input type="checkbox"/> No
• Fasten bag zipper <input type="checkbox"/> Yes <input type="checkbox"/> No	

## Health/Medical/Behavior Information

• Describe any special or unusual circumstances surrounding your child's birth (or development): *(i.e. premature, low birth weight, difficult delivery, etc.)*

• At approximately what age was the he/she able to: **Walk:** ..... *mos./yrs.* **Talk:** ..... *mos./yrs.* **Use Toilet without help:** ..... *mos./yrs.*

• How many hours, on average, does he/she usually sleep at night? ..... **Hours**

• Are both parents living at home?  **Yes**  **No** • If no, why not? *(explain circumstances)*

• In general, how would you rate your child's appetite? (✓)  **Eats a lot**  **Eats an average amount**  **Is a fussy eater**

• Are you aware of any problems or concerns regarding your child's vision or hearing?  **Yes**  **No** *(if YES, explain)*

• Did your child have any significant health problems as an infant or toddler? *(i.e. hospitalization, accidents, etc.)*  **Yes**  **No** *(if YES, explain)*

• List any important or persistent illnesses, injuries, allergies, accidents or surgeries your child has had:

• List any medication your child is taking and explain why:

• When your child needs discipline, please check all methods you use: (✓)

**Talking with child**  **Reasoning, explaining**  **Spanking**  **Sending him/her to their room**  **Denying/ taking away privileges**

**Other:** .....  **Do not discipline that much**

• If/when you discipline your child, describe typical consequences:

• Has your child ever been referred for any assessments? *(special education, ADD/ADHD, behavioral, speech/language, etc.)*  **Yes**  **No** *(if YES, explain)*

• Has your child ever received special services through a previous school for a learning, emotional or behavioral disorder?

**Yes**  **No** *(if YES, please explain)*

• Does your child have any physical, mental or emotional condition that may interfere with his/her learning?  **Yes**  **No** *(if YES, explain)*

## Personal Interests

• Please check (✓) all words below which best describe your child: *(Please check ALL that apply)*

**Independent**

**Rebellious**

**Attention-seeking**

**Follower**

**Anxious**

**Expressive**

**Shy**

**Bossy**

**Leader**

**Curious**

**Confident**

**Emotional**

**Impulsive**

**Observer**

**Caring**

**Creative**

**Competitive**

**Aggressive**

**Moody**

**Friendly**

**Artistic**

**Cautious**

**Energetic**

**Sensitive**

**Other:** .....

• List any noteworthy or unique talents of student:

• List your child's likes/dislikes: *(i.e. activities, food, etc.)*

• List your child's areas of strength:

• List what your child's challenges in school are: *(or will be)*

• Describe your child's recent activities: *(summer events, holidays, etc.)*

## General Questions

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- Describe your child: (personality, likes/dislikes, daily routines, etc.)

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- What do you hope your child will achieve through attending NIS?

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- What are your future plans for your child? (i.e. higher education)

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- Is there anything else that we should know about your child?

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- Are there any religious or cultural practices that would affect your child's participation in NIS?

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## Parent Support

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We like to have parents in our classroom...and so do your children! Please indicate your willingness to assist with daily classroom activities, helping to prepare for snacks or learning activities, field trips, holiday events, and bringing your culture or specialized knowledge into the classroom.

Yes  No (Comment) .....

## Email Communication

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NIS prefers to utilize email as one way to communicate with parents for certain information. If you would prefer to receive information via email, please include the primary email address:

Email : .....

## Parent Agreement/Understanding

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- I understand that NIS will make every effort to determine the most appropriate grade placement for my child, and that all pertinent information pertaining to my child's development has been submitted to the school.

Yes  No

- I understand that NIS is unable to accept a child whose needs cannot be met by the programs available at the school; I also understand that withholding information pertaining to my child's needs places the admissions or enrollment status of my child in jeopardy.

Yes  No

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date