

Yangon International School

Student Development Questionnaire

Early Childhood to Grade 12



Student's Details

Student's Full Legal Name

Last (Family)

First (Given)

Middle

Date of Birth: Day _____ Month _____ Year _____

Anticipated Grade and Date of Entry Day _____ Month _____ Year _____

Your child's development and school progress is important to us. YIS requires full disclosure of all personal, academic, and health information in order to enroll students. The responses 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 educational needs.

Family History

Name of Parent(s):

Name of Guardian(s) and Relationship to Family:

Student will be living in Yangon with:

☐ Father

☐ Mother

☐ Step-Father

☐ Step-Mother

☐ Guardian

☐ Other

Name of brothers, sisters,

or other children living in the residence

Age

Grade

Name and Location of School

Language/s spoken at home:

Language/s child speaks at home:

Please list other people living in your household (relationship):

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School History

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

School Name	Address (City, State, Country)	Dates Attended		Grade Levels	Language of Instruction
		From	To		

Most recent school attended:

School Name	Phone Number
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Please check the appropriate answer and explain in detail where needed:

Has your child ever received a double promotion (skipped a grade)? ☐ No ☐ Yes (indicate grade/s skipped)

Has your child ever been in a gifted/talented and/or honors program? ☐ No ☐ Yes (indicate grade/s)

Has your child ever been retained (repeated a grade)? ☐ No ☐ Yes (indicate grade/s)

Has your child ever been in an ESL or bilingual program? ☐ No ☐ Yes (indicate grade/s)

Has your child ever been in speech therapy? ☐ No ☐ Yes

Has your child ever been tested for a learning disability or any other learning difference? ☐ No ☐ Yes

Has your child ever received extra help during the school day? ☐ No ☐ Yes

Has your child ever received tutoring outside of the school day for areas of difficulty? ☐ No ☐ Yes

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Has your child ever experienced social, emotional or behavioral difficulties?

☐ No ☐ Yes

Has your child ever been suspended or denied admission to school?

☐ No ☐ Yes

How many years of English language instruction has the child received? _____

Has your child ever had an IEP (Individualized Education Program) or received special education support?

☐ No ☐ Yes

If you answered yes, which grade and school? _____

Medical

Hearing Concerns:

Vision Concerns:

Child has:

☐ Asthma

☐ Seizures

☐ Allergies (If the child has allergies please list)

Child is currently taking medication(s): ☐ No ☐ Yes (please indicate type / purpose)

Development History (For Early Childhood, KG, and Grade 1 Students Only)

Areas of concern/s about child's development:

Toilet training	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Crawling / walking	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Fine / gross motor skills	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Listening / talking	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Attention / concentration	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Emotional maturity	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Social skills	<input type="checkbox"/> No	<input type="checkbox"/> Yes

If you have answered yes to any, please describe further:

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My child:

- ☐ Adjusts with ease to new situations
- ☐ Has never had to adjust to new situations
- ☐ Takes time to adjust to new situations

Please list special hobbies or interests below:

Is there any other information you feel would be useful for those educating your child?

Health and Safety Information

All students will receive emergency treatment if required unless otherwise specifically requested.

If two sessions are available, please mark your preference:

- ☐ Morning (8:00 A.M. – 11:00 A.M.) ☐ Afternoon (12:00 P.M. – 3:00 P.M.) ☐ Full Day (8:00A.M – 3:00P.M)

Who will usually drop off and pick up your child from school?

Early Childhood Applicants Only

Is your child toilet trained?

☐ Yes

☐ No

Does your child take total responsibility for his/her toilet needs?

☐ Yes

☐ No

Is your child able to dress and undress him/herself?

☐ Yes

☐ No

Comment on any specific dislikes or fears:

Special dietary requirements:

Favorite toys or activities:

Outline any personality characteristics or other information that you feel will enable us to understand your child:

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Signatures

Families are reminded of the following: 1) All students must follow the rules and regulations as listed in the YIS Student Handbook. 2) All students must wear the school uniform (available for purchase at YIS). 3) Students must abide by a technology code of conduct. 4) The school retains the right to use the child's image, name, and evidence of learning in ways that adhere to our Child Protection Policy and advance the mission of the school.

Signature of person/s who completed this form* ☐ Parent(s) ☐ Guardian _____ Date _____

* Note: I/We have completed and signed this questionnaire in the belief that all answers are as accurate as possible.

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