



22. Has constant eye contact with the person he/she is talking to.	1	2	3	4	5
23. May express anger or frustration by					
23.1. throwing things	1	2	3	4	5
23.2. hitting other people or other objects	1	2	3	4	5
23.3. shouting	1	2	3	4	5
23.4. crying	1	2	3	4	5

**VI. OTHER VITAL INFORMATION**

1. List down any difficulties, conflicts, obstacles or worries that you think disturbs your child. In what way do you think could the school counselor help him/her?

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2. Has your child undergone any form of therapy? If yes, please state the reason and the name and contact number of the therapy center or clinic your child has gone to/is going to.

*(This information is important to avoid any circumstances that may effect the program given to your child from his/her therapist. We encourage you to set an appointment with your child's adviser together with the therapist to ensure consistency between the therapy and the school's program.)*

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3. Please write other information which you think is vital consideration to your child's development.

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I hereby declare that everything is true and correct to the best of my knowledge.

\_\_\_\_\_  
 Father's Signature

\_\_\_\_\_  
 Mother's Signature

\_\_\_\_\_  
 Date