



De La Salle Zobel School School Counseling Office

Student Personality Appraisal

Name of Child _____
(Last)
(First)
(M.I.)

Level Accepted: Pre-Kinder Kinder Grade One

Below are statements of what you may see in your child. Please encircle the appraisal scale which best describes your child.

Items	Never	Seldom	Sometimes	Most of the time	Always
1. Can eat with a spoon and fork by himself/herself	1	2	3	4	5
2. Can dress by himself/herself with little help	1	2	3	4	5
3. Can remain seated in one place while listening for at least 10 mins	1	2	3	4	5
4. Can remain seated in one place while doing an activity	1	2	3	4	5
5. Likes to fidget with objects	1	2	3	4	5
6. Often acts before thinking (impulsive)	1	2	3	4	5
7. Can follow at least three-step spoken instructions (keep your things, dress up and brush your teeth)	1	2	3	4	5
8. Schoolbag is organized	1	2	3	4	5
9. Restless sleeper	1	2	3	4	5
10. Trouble staying focus on repetitive tasks	1	2	3	4	5
11. Can talk clearly and audibly	1	2	3	4	5
12. Can classify similar objects (same color, same shape, etc.)	1	2	3	4	5
13. Knows how to wait for his/her turn	1	2	3	4	5
14. Can control emotional outbursts (tantrums)	1	2	3	4	5
15. Easily warms up to others	1	2	3	4	5
16. Can express his/her feelings	1	2	3	4	5
17. Comfortable with other children	1	2	3	4	5
18. Comfortable with adults	1	2	3	4	5
19. Takes time to adjust to different environments	1	2	3	4	5
20. Takes time to adjust to new faces	1	2	3	4	5
21. Refuses to complete work assigned	1	2	3	4	5
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?

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.)

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

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

Father's Signature

Mother's Signature

Date