

**De La Salle Santiago Zobel**  
**School Counseling Office**  
**STUDENT INVENTORY RECORD**

Thank you for choosing our school as your partner in your child's education! This will be your child's initial inventory with us. We request you to please honestly fill- out this form. The information and comments that you share with us could be utilized to assist your child and discover other factors that may contribute to the formation of your child's individuality.

Please be assured all information gathered from this record shall be held with utmost confidentiality.

GRADE/YEAR ACCEPTED IN: \_\_\_\_\_ School Year: \_\_\_\_\_

Student ID \_\_\_\_\_ ACR # (Foreign Students) \_\_\_\_\_

Your child's Name \_\_\_\_\_

Last	First	MI	Nickname
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Birth Date \_\_\_\_\_ Birth place \_\_\_\_\_ Sex \_\_\_\_\_

Citizenship \_\_\_\_\_ Religion \_\_\_\_\_ Languages Spoken \_\_\_\_\_

Home Address:

House # & Street\_\_\_\_\_

Village/Subdivision\_\_\_\_\_

City/Province\_\_\_\_\_

Country \_\_\_\_\_ Zip code \_\_\_\_\_

Home Phone Number/s \_\_\_\_\_ Cellphone number/s \_\_\_\_\_

Your child's Birth Order:    ☐ Eldest    ☐ Middle    ☐ Youngest    ☐ Only child

Previous School/s Attended	School Year	Location
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## FAMILY BACKGROUND

FAMILY BACKGROUND		
	About Father	About Mother
Name of School		
Hobbies		
	O Biological Father	O Biological Mother
	O Adoptive Father	O Adoptive Mother
Birth order (eg. 2 <sup>nd</sup> of 4)		
Traits/Characteristics		

### Parents' Marital Status:

### O Parents married in church

O Single parent

## O Parents married civilly

O Parents living together but

O Parents living together not legally married

O Parents separated

\_\_\_\_ Father remarried

**Mother remarried**

Child is living with      O Father      O Mother

Name of Person if child is not living with parent/s: \_\_\_\_\_

Relationship to child \_\_\_\_\_

Name of Children (starting with the eldest; include the applicant)	Age	Sex	Grade/Year/Company
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Number of companions living at home:  
\_\_\_\_\_ Family Members \_\_\_\_\_ Relatives \_\_\_\_\_ Household Helpers

Your Child’s General Personality Make-Up

Check any of the following items which you feel best describe your child’s general personality make-up.

_____ cheerful	_____ sensitive	_____ lazy
_____ lovable	_____ sarcastic	_____ nervous
_____ thoughtful	_____ quick	_____ talkative
_____ conscientious	_____ withdrawn	_____ jealous
_____ talented	_____ pessimistic	_____ moody
_____ independent	_____ irritable	_____ quiet
_____ friendly	_____ passive	_____ depressed
_____ calm	_____ submissive	_____ shy
_____ tactful	_____ feels inferior	_____ reserved
_____ lacks motivation	_____ easily exhausted	_____ stubborn
_____ suspicious	_____ easily bored	_____ optimistic

Please feel free to add other items that describe your child. You can also comment or briefly discuss any item you just checked above.

\_\_\_\_\_

\_\_\_\_\_

SOCIAL RELATIONSHIPS

Please check any of the items that apply to your child.

At Home	
_____ discusses problems with father	_____ prefers to be left alone
_____ discusses problems with mother	_____ enjoys family outings/affairs
_____ enjoys company of brothers/sisters	_____ generous with things
_____ goes only with familiar people	_____ difficult to deal with
_____ asserts himself /herself	_____ friendly with household help
_____ demanding	_____ fights with people at home

Others, please specify \_\_\_\_\_

\_\_\_\_\_

At School	
_____ is looked at as a leader	_____ would rather be a follower
_____ friendly with people in school	_____ prefers to be alone
_____ enjoys company of classmates	_____ interested in class activities
_____ goes only with familiar people	_____ afraid of teachers/students
_____ always in trouble with classmates	_____ asserts himself/herself

Others, please specify \_\_\_\_\_

\_\_\_\_\_

CAPACITIES AND INTERESTS

Please check the items that describe the capacity of your child.

- |   |   |
|---|---|
| <input type="checkbox"/> eager to do activities | <input type="checkbox"/> impatient                      |
| <input type="checkbox"/> learns quickly         | <input type="checkbox"/> slow learner                   |
| <input type="checkbox"/> inquisitive            | <input type="checkbox"/> poor in comprehension          |
| <input type="checkbox"/> finishes task early    | <input type="checkbox"/> has difficulty with schoolwork |
| <input type="checkbox"/> orderly                | <input type="checkbox"/> has short memory               |
| <input type="checkbox"/> imaginative/creative   |   |

Others, please specify \_\_\_\_\_  
\_\_\_\_\_

Please write some of your child’s interests in the following areas:

- a. individual games/sports \_\_\_\_\_
- b. group games/sports \_\_\_\_\_
- c. type of books \_\_\_\_\_
- d. kinds of food \_\_\_\_\_
- e. music \_\_\_\_\_
- f. places he/she enjoys at \_\_\_\_\_

OTHER VITAL INFORMATION

List down any difficulties, conflicts, or worries that bother your child. Also, please discuss briefly how these were addressed.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are there any other significant medical/behavioural findings about your child that the school should know about. Please discuss briefly.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In what way would you like your child’s guidance counselor to help him/her?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby declare that the information provided herein is true and correct to the best of my knowledge.

\_\_\_\_\_  
Father’s Signature

\_\_\_\_\_  
Mother’s Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date