



Integrated School

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CONFIDENTIAL

Guidance Office Integrated School  
AY \_\_\_\_\_

**INDIVIDUAL INVENTORY RECORD**

ISGO Form 2

We would like to thank you for choosing our school as your partner in your child's education. This will be your child's initial inventory record with us. We would like to request you to please honestly fill-out this form. The information and comments that you would 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.

Rest assured that all information gathered from this form shall be dealt with utmost confidentiality.

Thank you very much.

Date: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Name : \_\_\_\_\_  
*Family First Middle Nickname*

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Child's Birth Order: \_\_\_\_\_ eldest \_\_\_\_\_ middle child \_\_\_\_\_ youngest \_\_\_\_\_ only child

Address: \_\_\_\_\_  
\_\_\_\_\_

Contact numbers: Mobile \_\_\_\_\_ Land line \_\_\_\_\_

Check which of the following are applicable:

Parents living together \_\_\_\_\_ Father re-married \_\_\_\_\_ Widow \_\_\_\_\_  
Parents separated \_\_\_\_\_ Mother re-married \_\_\_\_\_  
Parent Working Abroad \_\_\_\_\_ Single Parent \_\_\_\_\_

Child is living with whom now? \_\_\_\_\_ parents \_\_\_\_\_ father only \_\_\_\_\_ mother only  
\_\_\_\_\_ grandparents \_\_\_\_\_ others (specify) \_\_\_\_\_

Who else lives in the house?  
\_\_\_\_\_ grandparents \_\_\_\_\_ uncle \_\_\_\_\_ auntie \_\_\_\_\_ others: \_\_\_\_\_

CHILDREN IN THE FAMILY STARTING WITH THE ELDEST (include the applying child)

<i>Name</i>	<i>Age</i>	<i>Birthday</i>	<i>Civil Status</i>	<i>School/Office</i>

<b>PARENTS' RECORD</b>		
	Information on FATHER	Information on MOTHER
NAME		
AGE		
DATE OF BIRTH		
PLACE OF BIRTH		
CITIZENSHIP		
RELIGION		
EDUCATIONAL ATTAINMENT (Please check the level and write the degree)	<i>Level</i> <input type="checkbox"/> High School _____ <input type="checkbox"/> Vocational _____ <input type="checkbox"/> College _____ <input type="checkbox"/> Graduate Studies _____	<i>Degree</i> <i>Level</i> <i>Degree</i> <input type="checkbox"/> High School _____ <input type="checkbox"/> Vocational _____ <input type="checkbox"/> College _____ <input type="checkbox"/> Graduate Studies _____
SCHOOLS ATTENDED		
PRESENT OCCUPATION		
POSITION IN THE FIRM		
NAME OF FIRM		
ADDRESS OF FIRM		
OFFICE TEL. NO.		
OTHER CONTACT NOS. (CELL PHONE, EMAIL ADDRESS ETC.)		
HOBBIES/INTERESTS		
TRAITS/ CHARACTERISTICS		
BIRTH ORDER (PLS. CHECK)	<input type="checkbox"/> eldest <input type="checkbox"/> youngest <input type="checkbox"/> middle <input type="checkbox"/> only child	<input type="checkbox"/> eldest <input type="checkbox"/> youngest <input type="checkbox"/> middle <input type="checkbox"/> only child
FAMILY SIZE (PLS. CHECK)	<input type="checkbox"/> small (3-4 members) <input type="checkbox"/> medium (5-7 members) <input type="checkbox"/> large (8 and above)	<input type="checkbox"/> small (3-4 members) <input type="checkbox"/> medium (5-7 members) <input type="checkbox"/> large (8 and above)

### STUDENT'S HEALTH INFORMATION

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Has your child had any of the following illnesses? Pls. check those that have affected your child for the past 5 years up to the present:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> asthma                     | <input type="checkbox"/> hearing defects | <input type="checkbox"/> nervousness   |
| <input type="checkbox"/> convulsion or fits         | <input type="checkbox"/> heart diseases  | <input type="checkbox"/> pneumonia     |
| <input type="checkbox"/> diabetes                   | <input type="checkbox"/> hernia          | <input type="checkbox"/> smallpox      |
| <input type="checkbox"/> epilepsy                   | <input type="checkbox"/> influenza       | <input type="checkbox"/> stammering    |
| <input type="checkbox"/> eye defects (pls. specify) | <input type="checkbox"/> mumps           | <input type="checkbox"/> typhoid fever |
| <input type="checkbox"/> malaria                    | <input type="checkbox"/> tuberculosis    |  |
| <input type="checkbox"/> fainting spells            | <input type="checkbox"/> measles         |  |
| <input type="checkbox"/> frequent headaches         |  |  |

Does your child have other special needs and concerns (e.g. ADD, ADHD, LD, etc.)? Please specify.

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Does your child have allergies (e.g. food, medicine etc.)? Please specify.

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Was your child involved in any serious accident? If so, please specify.

\_\_\_\_\_

\_\_\_\_\_

Name of Family Doctor: \_\_\_\_\_

Telephone Numbers.: \_\_\_\_\_

Office Address: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

### EDUCATIONAL INFORMATION

Schools Attended: \_\_\_\_\_

Best-liked Subjects: \_\_\_\_\_

Least-liked Subjects: \_\_\_\_\_

Grade Range/General Average on Report Card: \_\_\_\_\_

Awards Received: \_\_\_\_\_

School Activities/Club: \_\_\_\_\_

Activities Outside the school: \_\_\_\_\_

### PERSONALITY INFORMATION

Check those which you feel best describe your child's general personality make-up:

- |  |   |                                      |
|--|---|--------------------------------------|
| <input type="checkbox"/> aggressive      | <input type="checkbox"/> honest           | <input type="checkbox"/> pessimistic |
| <input type="checkbox"/> anxious         | <input type="checkbox"/> independent      | <input type="checkbox"/> quick       |
| <input type="checkbox"/> calm            | <input type="checkbox"/> irritable        | <input type="checkbox"/> quiet       |
| <input type="checkbox"/> cheerful        | <input type="checkbox"/> jealous          | <input type="checkbox"/> sarcastic   |
| <input type="checkbox"/> confident       | <input type="checkbox"/> lacks motivation | <input type="checkbox"/> sensitive   |
| <input type="checkbox"/> conscientious   | <input type="checkbox"/> lazy             | <input type="checkbox"/> shy         |
| <input type="checkbox"/> courteous       | <input type="checkbox"/> lovable          | <input type="checkbox"/> smart       |
| <input type="checkbox"/> depressed       | <input type="checkbox"/> moody            | <input type="checkbox"/> stubborn    |
| <input type="checkbox"/> dull            | <input type="checkbox"/> neat             | <input type="checkbox"/> submissive  |
| <input type="checkbox"/> easily confused | <input type="checkbox"/> nervous          | <input type="checkbox"/> talented    |
| <input type="checkbox"/> easily excited  | <input type="checkbox"/> optimistic       | <input type="checkbox"/> talkative   |
| <input type="checkbox"/> easily tired    | <input type="checkbox"/> passive          | <input type="checkbox"/> thoughtful  |
| <input type="checkbox"/> feels inferior  | <input type="checkbox"/> patient          | <input type="checkbox"/> withdrawn   |
| <input type="checkbox"/> friendly        | <input type="checkbox"/> persevering      |                                      |

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

### SOCIAL RELATIONSHIPS

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

At home:

- |   |  |
|---|--|
| <input type="checkbox"/> discusses problems with father | <input type="checkbox"/> asserts himself/herself               |
| <input type="checkbox"/> discusses problems with mother | <input type="checkbox"/> demanding                             |
| <input type="checkbox"/> enjoys the company of siblings | <input type="checkbox"/> goes only with familiar people        |
| <input type="checkbox"/> enjoys family outings/affairs  | <input type="checkbox"/> prefers to be left alone              |
| <input type="checkbox"/> friendly with household help   | <input type="checkbox"/> often fights with people in the house |
| <input type="checkbox"/> generous with his/her things   | <input type="checkbox"/> difficult to deal with                |

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

In school:

- |   |  |
|---|--|
| <input type="checkbox"/> would rather be a follower         | <input type="checkbox"/> is looked as a leader             |
| <input type="checkbox"/> friendly with the people in school | <input type="checkbox"/> afraid of teachers/other students |
| <input type="checkbox"/> enjoys the company of classmates   | <input type="checkbox"/> would rather be alone             |
| <input type="checkbox"/> interested in class activities     | <input type="checkbox"/> goes only with familiar people    |
| <input type="checkbox"/> asserts himself / herself          | <input type="checkbox"/> always in trouble with classmates |

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

## CAPACITY AND INTEREST

Please check any of the items that best describes your child:

- |  |   |
|--|---|
| <input type="checkbox"/> impatient                 | <input type="checkbox"/> eager to do activities |
| <input type="checkbox"/> poor in comprehension     | <input type="checkbox"/> finishes tasks easily  |
| <input type="checkbox"/> slow learner              | <input type="checkbox"/> learns quickly         |
| <input type="checkbox"/> has short memory          | <input type="checkbox"/> orderly                |
| <input type="checkbox"/> has academic difficulties | <input type="checkbox"/> inquisitive            |
| <input type="checkbox"/> creative                  | <input type="checkbox"/> imaginative            |

Others, please specify:

\_\_\_\_\_

Please write some of your child's interests/favorites in the following areas:

1. individual games \_\_\_\_\_
2. group games \_\_\_\_\_
3. types of books \_\_\_\_\_
4. kinds of food \_\_\_\_\_
5. place he/she usually enjoys \_\_\_\_\_

## OTHER PERTINENT INFORMATION

Relate significant events / unforgettable experiences that happened in your child's life.

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

List down any difficulties, conflicts, obstacles or worries that you think disturbs your child.

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

In what way could the guidance counselor help him/her at this time? Please write other information, which you think is vital information to your child's development.

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

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List down three topics you are interested to learn from in a parenting seminar?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Are you willing to be a speaker for any seminar? \_\_\_\_\_

What topics would you like to share?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

What would be the best day for you to attend the parenting seminars? \_\_\_\_\_

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

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