

PARENT'S QUESTIONNAIRE

Educational Background Collation Tool		
General Information		
First Name and Surname:		
Gender:	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Date of Birth:		
What position is your child in the family?	1 <input type="checkbox"/>	2 <input type="checkbox"/>
	3 <input type="checkbox"/>	4 <input type="checkbox"/>
	5 <input type="checkbox"/>	6 <input type="checkbox"/>
	7 <input type="checkbox"/>	8 <input type="checkbox"/>
	9 <input type="checkbox"/>	10 <input type="checkbox"/>
Where was your child born?		
Has your child lived in any other countries?	Country 1:	Country 2:
		Country 3:
What date did your family come to Cyprus?		
Is the family from a refugee or asylum seeking background?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Education		
How old was your child when they first went to school?		
Has your child had any long gaps away from school? If yes how long?		
Does your child have any learning difficulty we should know about?		
Which subjects has your child studied in your home country? (Check <input checked="" type="checkbox"/> the boxes below)		
Language	Geography	ICT
Maths	History	Health Education
Scinence	Physical Education	English
Design & Technology	Arts	French

Which languages can your child use? Complete the table below:			
Language	Speaking	Reading	Writing
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What level do you think your child has in speaking Greek?			
Good <input type="checkbox"/> A little <input type="checkbox"/> None <input type="checkbox"/>			
What level do you think your child has in reading Greek?			
Good <input type="checkbox"/> A little <input type="checkbox"/> None <input type="checkbox"/>			
What level do you think your child has in writing Greek?			
Good <input type="checkbox"/> A little <input type="checkbox"/> None <input type="checkbox"/>			
Is your child interested in continuing to learn your home language at a weekend community language class? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Would you need a translator / interpreter to help communication with the school?			
Yes <input type="checkbox"/> No <input type="checkbox"/>			
Further Education			
What long term educational goals do you have for your child?			
Leave school at 17 to find work			<input type="checkbox"/>
Further education e.g. college			<input type="checkbox"/>
Higher education e.g. University			<input type="checkbox"/>
What kind of jobs is your child interested in doing after finishing education?			