



FAMILY INTERVIEW FORM

Sanabil School would like to get to know you a little better! Please fill out the below interview form to help us learn more about your child and your family!

Student Name: Aleen Sobhi _____ Age: 6 _____

Person Completing Interview Form: _____ Housna Elkotbi _____

Relationship to Child: _____ mother _____

Siblings: _____

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Name	Age	Name	Age

Name	Age	Name	Age
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What is the cultural/ethnic heritage of your family?

Moroccan / American Mother Side: Moroccan _____

Father Side: Moroccan _____

About My Child:

Students Strengths: Check all that apply:

USA- Morocco	<input checked="" type="checkbox"/> Athletic	<input type="checkbox"/> Positive Attitude	<input type="checkbox"/> Motivated	<input type="checkbox"/> Self-Starter
<input type="checkbox"/> Cooperative	<input type="checkbox"/> Confident	<input type="checkbox"/> Friendly	<input checked="" type="checkbox"/> Imaginative	<input type="checkbox"/> Independent
<input type="checkbox"/> Flexible	<input type="checkbox"/> Perceptive	<input type="checkbox"/> Trustworthy	<input checked="" type="checkbox"/> Respectful	<input type="checkbox"/> Sense of Humor
<input checked="" type="checkbox"/> Responsible	<input type="checkbox"/> Leader	<input checked="" type="checkbox"/> Positive Role Model	Other: _____	

1. My child is: (Check all that apply- circle the one that applies the best!)

- Quiet Calm Busy Curious Shy
 Talkative Creative Artistic Energetic Outgoing
 Serious Independent Other: _____

2. My child likes to: (Check all that apply- circle the one that applies the best!)

- Sing Write Read Draw Build



XC Talk

X Dance

X Do Puzzles Other:



3. Tell us one unique skill/characteristic about your child: _____

She is very helpful and loves to be a team leader

4. Describe some of your child's at-home play activities? _____

Coloring, Sensory , Dramatic Play, Sports , Soccer

5. My child works best:

Alone

With others

With teacher/parent

Other: _____

6. My child typically sleeps:

Before 8 pm

between 8 and 9 pm

Past 10 pm

Other: _____

7. How many hours a day does your child use electronic devices such as a television, video gaming system, iPad/tablet, and/or computer?

Less than 1 hour

between 2-4 hours

More than 4 hours

When using these devices my child primarily:

Watches movies/videos

plays video games

plays educational games

8. My child typically manages stressful situations by:

Talking about it

Yell/throw a tantrum

X Crying

Ignore it

Other: _____

Family Practices/Views:

9. I would identify my parenting style to be most close to:

Authoritarian: I have high expectations for my child, strict rules.

X Authoritative: I have a more democratic way of parenting that uses a child-centric approach. I still have high expectations of my child, but I encourage independence, listen to my child's view points, and administer fair and consistent discipline

Permissive: I am more responsive than demanding, non-traditional, lenient, avoid confrontation. I have only a few rules and am more like a friend than a parent.



10. My partner and my parenting styles are the same. Yes No

If no, please explain: _____

11. Who is the primary disciplinarian? Mother Father

12. I typically discipline my child by:

Talking to him/her Taking privileges away Time Out

Teach a replacement behavior

Other: _____

13. To reward my child, I often:

X praise him/her buy him/her things spend
time with him/her

Other: _____

14. At home, my child has responsibilities and chores. Yes No

Please list some of his/her responsibilities: _____

Cleaning her room

Putting clothes away in laundry

Clean up toys after she is done

Putting dirty dishes in sink

15. At home, we often manage stressful situations by: -

X Talking about it ignoring it expressing anger

spending time in isolation X Praying

Other: _____

Comments:

