



# Britesparks INTERNATIONAL SCHOOL

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## STUDENT'S DEVELOPMENTAL INFORMATION SHEET

*This information helps us assess your child's educational needs. Please answer this form carefully. If there is any information that you would prefer to share in person, kindly approach your child's teacher.  
Check the appropriate box for your answer.*

Developmental Skills	Advanced	Age-appropriate	Needs Development
<b>SOCIAL</b>			
Socializes with peers, teachers, and school staff with ease			
Shows respect to peers and adults			
Makes friends easily			
Works cooperatively			
Exhibits sensitivity to the feelings of others			
Respects and follows rules or instructions			
Accepts responsibilities			
Exhibits self-control			
Adapts behavior appropriate in different situations			
Accepts guidance and corrections			
<b>COGNITIVE</b>			
Uses language as a communication tool			
Recognizes and considers others' point of view			
Understands concept of space, time, and dimension			
Recognizes different effective coping strategies			
Understands how his/her behavior affects others			
<b>EMOTIONAL</b>			
Sensitive to other's opinions about them			
Deals with and expresses different emotions with ease			

**What do you consider to be your child's greatest strength?**

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**In what area/s does your child excel the most? (Check appropriate box/es)**

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|---|--|--|
| <input type="checkbox"/> Music (Musical-Rhythmic)     | <input type="checkbox"/> Visual Arts (Visual Spatial)        | <input type="checkbox"/> Language (Verbal-Linguistic)  |
| <input type="checkbox"/> Maths (Logical-Mathematical) | <input type="checkbox"/> Body Movements (Bodily-Kinesthetic) | <input type="checkbox"/> People Skills (Interpersonal) |
| <input type="checkbox"/> Self-smart (Intrapersonal)   | <input type="checkbox"/> Science (Naturalistic)              |  |

**Has the child participated in any advanced level classes for the gifted and talented?**

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**Has the child participated in any competition (academic, sport, talent or beauty)?**

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**What do you consider to be your child's greatest challenges?**

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**Does your child have any fear or phobia?**

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**Has the child been referred to a professional for emotional issues, social challenges, and/or behavior difficulties? If so, please explain.**

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**Has the child been under the Special Education Program? If yes, give details and submit necessary reports.**

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**How do you describe your discipline at home?**

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**Other information that the school needs to know about your child?**

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