

PARENT'S QUESTIONNAIRE

Participant's Name:

Parent/Guardian's Name:

1. Please rate how well the statement suits your child on a scale of 1 to 5, where 1 would represent that you strongly disagree and 5 that you strongly agree. Please do not take a long time to tick mark or circle your response to the statement. Put down your first thoughts.

- | | | | | | |
|-----------------------------------|---|---|---|---|---|
| • My child is a shy person | ① | ② | ③ | ④ | ⑤ |
| • My child is responsible | ① | ② | ③ | ④ | ⑤ |
| • My child is sociable | ① | ② | ③ | ④ | ⑤ |
| • My child is confident | ① | ② | ③ | ④ | ⑤ |
| • My child is careful | ① | ② | ③ | ④ | ⑤ |
| • My child is anxious | ① | ② | ③ | ④ | ⑤ |
| • My child works well with others | ① | ② | ③ | ④ | ⑤ |
| • My child is aggressive | ① | ② | ③ | ④ | ⑤ |
| • My child is creative | ① | ② | ③ | ④ | ⑤ |
| • My child is a leader | ① | ② | ③ | ④ | ⑤ |

2. Is there anything specific that you wish to tell us about your child so that we are able to collaborate more effectively with her/her:

3. Does your child have a passport? Yes/ No

If yes, please provide the following details;

a. Passport Number:

b. Issued at:

c. Date of issue:

d. Date of expiry:

4. Has your child traveled overseas in the last two years? Yes / No

5. Is your child comfortable with air travel ? Yes/No

If No, please provide the reasons;

6. Please indicate your child's food preference;

a. Vegetarian

b. Jain food

c. Non-vegetarian