



# Peiying Primary School

## Student Well-Being Needs Survey 2018

For Official Use

Reg No

Name of Student: \_\_\_\_\_

Class: \_\_\_\_\_

To help the school to better understand your child/ward, please tick the relevant boxes and ensure that all the information given is accurate. The information provided will be kept in the strictest confidence.

### A. FAMILY BACKGROUND

No.	Tick	Situation
<b>Parents/ Guardian Info</b>		
1.		Both parents are working.
2.		Only one parent is working. (Please circle the working parent: *Father / Mother)
3.		Both parents are not working.
4.		Child is NOT living with the parents.  (If child is under the care of a guardian other than his/her parents, please specify the name and relationship of guardian: _____ )

### B. HOME SUPERVISION

(Supervision is defined as checking on the child's school work and monitoring the child's activities after school)

No.	Tick	Situation
5.		Both parents supervise the child every day.
6.		Only one parent supervises the child every day. (Please circle the parent doing the supervision: *father / mother)
7.		Guardian supervises the child every day. (Relationship of the guardian to the child: _____)
8.		If the school has an after-school School Care Centre on its premises, I would like to apply for a place in it for my child.
9.		My *child / ward is on his/her own without supervision every day.
10.		My *child / ward spends more than 1 hour using the computer/internet on more than 3 days a week. (Please state an estimated number of hours on computer and internet per week: ____h)
11.		My *child / ward is allowed to go out and play with his/her friends after school. (Please state an estimated number of hours playing with friends per week: ____h )

**C. COMPUTER ACCESS**

- My child has access to a computer/mobile device with internet connection at home for e-learning
- My child has **NO** access to a computer/mobile device with internet connection at home for e-learning
- I will be able to submit online registration for Parents-Teachers Meeting or other school events
- I will NOT be able to submit online registration for Parents-Teachers Meeting or other school events

**D. MONTHLY HOUSEHOLD INCOME**

- Below \$2500     \$2501 - \$3500     \$3501 - \$4500     Above \$4500

**E. HOME SUPPORT**

No.	Tick	Situation
16.		*Father / Mother / Both Parents / Guardian <b>talk(s)</b> to the *child / ward every day to find out how his/her day has been.
17.		The *child / ward <b>shares</b> his/her thoughts and feelings freely and openly with *father / mother / both parents / guardian.
18.		The *child/ward is disciplined mostly by *father / mother / both parents / guardian.

**G. TRAVELLING TO SCHOOL**

No.	Tick	Situation
12.		*Father / Mother /Guardian will come to school to fetch the *child / ward.
13.		My *child / ward goes home on his/her own *on foot / by MRT / by Public Buses / by School Bus.  (please tick) <input type="checkbox"/> At least 1 *parent / guardian will be at home waiting for him/her. <input type="checkbox"/> He / She takes care of himself/herself after school as there is no adult at home.
14.		My child/ward travels to and from Singapore and Malaysia (Johor Bahru) on a daily basis. (Please state mode of transport and address in Malaysia: _____
15.		My *child / ward goes to an after-school / student care centre. Please specify: Name of the centre: _____ (Tel: _____ )

**H. BREAKFAST**

No.	Tick	Situation
1		My *child / ward has breakfast at home before coming to school.
2		My *child / ward has breakfast in school.

**I. POCKET-MONEY**

No.	Tick	Situation
1		My *child / ward is given less than \$2 a day for pocket-money.
2		My *child / ward is given more than \$2 but less than \$5 for pocket-money daily.
3		My *child / ward is given more than \$5 for pocket-money daily.

**J. Third Person to Contact (in case of emergency)**

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

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

\_\_\_\_\_ Home Tel: \_\_\_\_\_

Mobile phone: \_\_\_\_\_ Office Tel: \_\_\_\_\_

Email: \_\_\_\_\_

**K. OTHER CONCERNS OF PARENTS / GUARDIAN**

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

**L. ACKNOWLEDGEMENT BY PARENTS/ GUARDIAN**

The information given is accurate and up-to-date.

\_\_\_\_\_  
**Name of Parent/ Guardian**                      **Signature**                      **Date**

Thank you for your kind cooperation in helping the school to better understand your child/ward.

From the Student Management Department

----- END OF SURVEY -----