

MOTHER AND CHILD WELFARE AND RESEARCH FOUNDATION INDIA



BEHAVIOUR & COUNSELING FORM

Name of Student : _____

Date of Birth : _____ Sex _____

IQ Level/Class: : _____

Languages Spoken: _____

Childhood History : _____

Immunization History : _____

Developmental Milestone: _____

General Behavior : _____

What keeps your child, calm and happy
(please specify like gifts, chocolates, etc.) : _____

Are there any particular times of the day when the
problems / behavior is more likely to occur : _____

Does the problem occurs in the presence of
particular person, if yes please provide details : _____



Was the child asked to do something or was the child refused something prior to the problem, if yes please specify : _____

How many times a day or how long does the problem occur with your child : _____

What do you or others generally do, immediately following the problem : _____

Which person in your house or outside the house are most affected by the problem : _____

How do you comfort your child at the time of the problem : _____

Please provide us with the medical history / disorders, etc. of the child : _____

Medication History (allopathic / homeopathic medicine in the past / current prescribed by a physician & name of physician/doctor) : _____

Hobbies / Sports / Games / Likes and Dislikes, etc. : _____

Past time Behavior / Leisure Activities, etc. : _____



Problems in Speech / Physical Movements, etc. : _____

Nature, Name and Full Address
of the School (Special / Integrated /
Normal, Dates, Class till, etc.) : _____

School History & Date of Joining (if any) : _____

Attendance in School (details) : _____

Interaction with People, Friends, Neighbors,
Relatives at Social Gatherings, etc. (if any) : _____

Interaction with Strangers, etc. (if any) : _____

Major Emotional & Behavioral Problem : _____

Type of Family (joint/nuclear & number of persons) : _____

What kind of Help/Support/Guidance
are you looking for from us (in brief,
like want them to be independent, basic
education via national open school, etc.) : _____



Anything you would like to inform us about, (about his toilet training, about his fooding habits, other remarks etc) : _____

Have you heard about IQ Development / Behaviour Correctionwith NUMEROLOGY ? : _____

How did you get to know us : _____

Fathers Name : _____

Occupation / Job details : _____

Mothers Name : _____ Occupation : _____

Full Residential/Postal Address : _____

City : _____ Pin : _____ Country : _____

Telephone (incl.country & city code) : _____

Mobile (incl.country & city code) : _____

E-Mail : _____

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School & Boarding : "Mother & Child House"
564, J.R. Ghosh Garden, P.O. Laskarpur,
Mahamayatala, Garia, 24 Pgs (S), Kolkata - 153
24hr Helpline : 9830888888, 9831028888, 9830028888
Email : vp@motherandchildngo.org, sec@motherandchildngo.org
Website : www.motherandchildngo.org, www.mindsandsouls.org



Mother & Child™
Giving Birth to Hope

