

**CONFIDENTIAL INFORMATION REGARDING YOUR CHILD  
PPRE-GRADE R (FLEDGLINGS) & GRADE R**

Name of child in full \_\_\_\_\_

From a total of \_\_\_\_\_ children in the family this child is the \_\_\_\_\_ (1st, 2<sup>nd</sup>, 3<sup>rd</sup> etc.)

Home Language: \_\_\_\_\_ Any other language your child is exposed to: \_\_\_\_\_

Underline the illnesses which your child has had: Chicken-pox, Diphtheria, Enteric Fever, Measles, Mumps, Rubella (German Measles), Scarlet Fever, Whooping Cough, Bilharzia, Cholera (St. Vitas' Dance), Malaria, Rheumatic Fever

State any other illness(es) from which your child has suffered or still suffers (e.g. asthma, epilepsy)

\_\_\_\_\_

State (if any) the operations, which your child has undergone, when and for what purpose? \_\_\_\_\_

\_\_\_\_\_

Is your child using any medication? If so, give details: \_\_\_\_\_

\_\_\_\_\_

Any allergies? If so, give details: \_\_\_\_\_

\_\_\_\_\_

Urination: Any problems? \_\_\_\_\_

Any problem in connection with:      Hearing? \_\_\_\_\_ Sight? \_\_\_\_\_ Speech? \_\_\_\_\_

If so, please specify: \_\_\_\_\_

At what age did your child start talking? \_\_\_\_\_ At what age did your child start walking? \_\_\_\_\_

Name any problems experienced pre-natal or during the child's birth \_\_\_\_\_

\_\_\_\_\_

Has your child ever had a serious accident? If so, give details \_\_\_\_\_

\_\_\_\_\_

Sleeping habits (e.g. sleeps peacefully, a restless sleeper, has nightmares, does not yet sleep through in his own bed.) \_\_\_\_\_

At what time does your child go to bed at night? \_\_\_\_\_ Fall asleep at? \_\_\_\_\_

Does your child show any signs of nervous tension by day or at night? \_\_\_\_\_

Underline personality characteristics (and elaborate):

Obedient, disobedient, stubborn \_\_\_\_\_

Independent, dependent \_\_\_\_\_

Shy, withdrawn, outgoing (bold) \_\_\_\_\_

Friendly, moody, aggressive \_\_\_\_\_

Tolerant, irritable \_\_\_\_\_

Unselfish, selfish \_\_\_\_\_

Loving, seeks attention, aloof, does not seek attention \_\_\_\_\_

Self-confident, lacking in confidence, over-confident \_\_\_\_\_

Helpful, uncooperative \_\_\_\_\_

Reacts well, does not take kindly to orders or correction \_\_\_\_\_

Has your child ever been assessed by an Occupational Therapist, Speech Therapist or Psychologist?

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

Is your child presently receiving any of the above support? YES \_\_\_\_\_ NO \_\_\_\_\_

What support? \_\_\_\_\_

With whom? \_\_\_\_\_

Any other information regarded as important \_\_\_\_\_

Is there any problem, which you would like to discuss confidentially? \_\_\_\_\_

Information supplied by: \_\_\_\_\_ Signed: \_\_\_\_\_ Date: \_\_\_\_\_