



GETTING TO KNOW YOUR CHILD

Student Information

Family Name	First Name	Date of Birth (dd/mm/yyyy)
Nationality	Mother Tongue	

ALL STUDENTS Pre-School (Age 3) to Grade 5 (Age 10)

Personality

How would you describe your child's personality?

A	Describe your child (check all that apply)					
	Friendly		Very easy going		Overactive	Independent
	Shy		Easily upset		Quiet	Stubborn
	Cooperative		Extremely quiet		Half/Half	Difficult to handle

E	Is your child fearful of new situations or strangers	F	Can your child be left with sitters?
	Yes		Yes
	No		No

Has your child had hearing problems?

A	Any hearing difficulty (If yes, please describe)	B	Was hearing ever tested? (If yes, please describe)
	Yes. Results:		Yes. Results:
	No		No

Has your child had vision problems?

A	Any vision difficulty (If yes, please describe)	B	Was vision ever tested? (If yes, please describe)
	Yes. Results:		Yes. Results:
	No		No

Other Health Issues

A	Fever over 40°C	B	Convulsions
	Yes. Please describe:		Yes, with high fever
			Yes, with accident
			Yes, without apparent cause
	No		No
C	Other:		

Play time

A	How does your child play with other children?	B	What does your child like to play?
	Has a lot of friends		Prefers outdoor activities
	Prefers one or two others		Prefers indoor activities
	Plays mainly with brothers and sisters		Likes both equally
	Prefers to play alone		
C	When your child plays:		D
	Needs someone present most of the time or gets into trouble		In using a pencil
	Occupies self by finding and doing own activities		Can write name or part of it
	Gets bored easily in any one activity		Draws recognizable pictures
	Needs a lot of things to keep occupied		Mostly scribbles
			Isn't interested in writing or drawing

Pre-School (Age 3)

Toiletry (Age 3)

A	Does your child wear diapers?	B	Please check to confirm
	Yes all day		Can go to toilet independently
	Yes only when sleeping		Need help cleaning self
	Not anymore		Need help with everything

When Talking (Age 3)

Eating

A	Speaking	A	Is your child
	Speaks clearly most of the time		Very picky
	Has some difficulty making self understood		Eat anything
	Hard to understand, especially by those outside the family		

How does your child dress self? (Age3)

A	If you get out the clothes	B	Buttons
	Can dress self completely		Needs someone to do them
	Can put all clothes on but can't button or zip		Can button all buttons
	Sometimes gets things on backwards		Has difficulty with buttons except large ones
	Can put on only easy things		

A	Zippers	B	Shoes
	Can use zippers by self		Can put on shoes and tries to tie
	Can zip but can't fit bottom of zipper together		Can put on shoes but can't tie
	Can't zip at all		Often gets shoes on the wrong feet

**Students from
Kindergarten (Age 5) to Grade 5 (Age 10)**

Academic profile

What is your child favorite subject?

Does your child enjoy reading?

What are your child's strengths?

How would you describe your child's learning style?

What motivates your child?

What does your child like to do for fun outside of school?

Does your child practice any extracurricular activity? (If so, please list)

Has your child been assessed for or received any type of special support? (i.e. gifted programs, special needs/learning disabled programs, Dyslexia, psychological testing, speech therapy, etc)

Is there any further information you feel is relevant to us regarding your child?

Date _____ Parent or Guardian _____