CONFIDENTIAL INFORMATION REGARDING YOUR CHILD PRE-GRADE R & GRADE R

Name of child in full				
From a total of childre	en in the family thi	s child is the	(1st	:, 2 nd , 3 rd etc.)
Home Language:	Any other langu	age your child is ex	posed to:	
Underline the illnesses which your of Mumps / Rubella (German Measles) / / Malaria / Rheumatic Fever		•		
State any other illness(es) from which	your child has suff	ered or still suffers	(e.g. asthma, epil	epsy)
State (if any) the operations, which yo	ur child has under	gone, 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: Hear	ring?	Sight?	Speech?	
Social interaction?	Behaviour?			
If so, please specify:				
At what age did your child start talking	g? At v	vhat age did your cl	nild start walking?	
Name any pre-natal problems experie	nced or during the	child's birth		
Has your child ever had a serious accid	dent? If so, give de	etails		
Sleeping habits (e.g. sleeps peacefully,	•			_
his own bed.)				
At what time does your child go to be	d at night?	Fa	l asleep at?	
Does your child show any signs of nerv	ous tension by da	y 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Shy, withdrawn, outgoing (bold)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? IF SO, PLEASE ATTACH AVAILABLE REPORTS TO THIS APPLICATION.
Is your child presently receiving any of the above support? YESNO
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Is your child presently receiving any of the above support? YES NO What support? With whom? Does your child have any special educational needs? (Please specify) Any other information regarded as important Is there any problem, which you would like to discuss confidentially? PLEASE NOTE: Any non-disclosure of past / current or knowledge of future need of intervention/s, may render this application null and void.