KIDS CLINIC – Dr. Sam Nassar
PRE-SCHOOL AND SCHOOL DETAILS

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Child's First Name: _____Surname: _____ DOB: _____
Name of School: _____
Year Level: _____ Phone: _____ Fax: _____

What, (if any), are the school's major concerns with the child?

_____
_____

Does the child receive integration support? YES ☐ NO ☐ If 'YES' please specify the disability criteria:
Physical ☐ IO ☐ Mental Health ☐ Autism ☐ Other: - _____

Amount of Aide time per week _____
Reading Level: _____

Has the child intellectual ability been assessed previously? YES ☐ NO ☐
If 'YES' When? _____ **Please attach copies of recent reports if available.**

What is the child's level of application and achievement in the classroom?

_____
_____
_____

Does the child have any specific implications for the classroom or daily living? YES ☐ NO ☐
If yes, please give details:_____
_____

Has the child received any specialist assessment? Does the child currently receive intervention at the school (e.g. Visiting speech pathologist or OT)? Yes ☐ No ☐
If 'YES' please give details:

_____
_____
_____

Does the child have any particular interests or talents (including sports)? Please give details:

_____
_____

Does the child have any specific areas of difficulty? Please tick:

General confidence	☐	Posture	☐	Gross motor skills	☐	Poor memory/recall	☐
Numeracy	☐	Spelling	☐	Fine Motor skills	☐	Copying from the board	☐
Handwriting	☐	Reading	☐	Eye problems	☐		

If so, please specify: _____
Does the child wear glasses? YES ☐ NO ☐
Hearing problems ☐ If so, please specify: _____

Does the child have problems with any of the following:

Speech sounds	☐	Following longer directions	☐	Understanding what you say	☐
Unusual voice	☐	Putting words into a sentence	☐	Telling a story	☐
Stuttering	☐	Chewing, dribbling, swallowing	☐		

Please give examples of communication problems:

_____

_____

If there have been any **suspensions** in the last 12 months, please give details. Please attach of current behaviour plan and details of intervention/support.

_____

_____

_____

Are there any **safety concerns** with this child? YES ☐ NO ☐
If 'YES' please specify:

_____

_____

_____

Please tick where appropriate:

Aggressive	☐	Clowning	☐	Tearful	☐	Lies/Steals/Cheats	☐
Boisterous	☐	Overactive	☐	Truants	☐	Attention seeking	☐
Withdrawn	☐	Destructive	☐	Timid	☐	School resistance	☐
Talkative	☐	Anxious	☐	Other	☐		

Please make any other comments about the **child's behaviour** you feel would be useful:

_____

_____

_____

Describe **Peer Relationship** in classroom and in playground:

_____

_____

_____

Are you aware of any **family/social circumstances** which could be relevant? Yes ☐ No ☐

Please give as much information as possible.

_____

_____

_____

Do parents appear to be actively interested in the child's schooling and cooperative with suggestions made by the school YES ☐ NO ☐

Form completed by: _____**Signature:** _____ **Date:** _____

Position: _____**Principals signature:** _____