

PERSONAL DEVELOPMENT

1. Emotional

General emotional state:

Level of independence at home: (Is he/she capable of doing it on his/her own or do he/she need assistance)

Bath:

Dress:

Feeding self:

How does he/she behave when reprimanded?

Can he/she play on his/her own?

Does he/she eat and sleep well?

Does he/she sleep in his/her own room?

2. Social

Did he/she settle down easily at his/her previous school?

Describe your child's relationship with his/her siblings.

Would you describe your child as a Leader or a Follower?

Does he/she prefer to play on his/her own or with other children?

On average how much TV/Screen Time does your child get per week?

Is he/she eager to explore new activities?

What do you enjoy doing as a family?

3. Cognitive

Is he/she inquisitive?

Do you speak more than one language at home?

Does your child communicate using full sentences?

Does your child follow spoken instructions easily?

What is your child's play preference e.g.: puzzles, blocks, dolls, cars?

Up to which number can your child rote count?

4. Physical

Agile/Less Agile

Does he/she show any of the following: Fear of heights? Motion sickness?

Is he/she overly sensitive / not sensitive at all to: heat / cold; textures of clothing; water in his/her face; food with a rough texture?

Does he/she shy away from: Physical contact; sand play; finger-paint; noise or any other type of activity?

5. Normative

Does he/she adhere to discipline?

How do you discipline him/her?

Do you have a set routine at home?

At what time does your child go to bed?

At what time does your child wake up in the morning?

Does he/she have a task at home?

6. General

What are his / her interests?

Do you have any concerns about your child which should be brought to our attention?

Anything else you would like to mention about your child or family:

Any activities that your child may not participate in:

Educator Signed: _____

Parent Signed: _____

Principal Signed: _____

Date: _____