

Application for Admission – Early Childhood/Kinder Parent Questionnaire

Name of child: _____ Date of birth: _____

Name of parents: _____ Grade: _____

(There is more space for comments overleaf)

Medical History

Were there any significant problems during pregnancy/birth or directly following birth that might have an effect on your child's development (eg premature, low birth weight)? _____

Have you ever suspected that your child has vision problems? _____

Have you ever suspected that your child has hearing problems? _____

Has your child ever had trouble with the following (if yes, please explain):

Walking? _____ Climbing? _____

Reaching? _____ Holding on to things? _____

Chewing or eating solid foods? _____

Social Development

Has your child had any prior school or social group experiences? _____

How does your child act in social situations with children of a same age? _____

How would you describe your child's personality? _____

How well does your child separate from you? _____

Apart from the child's parents are there any other significant care-givers of whom we should be aware (eg grandparents, Nanny etc)? _____

Does your child understand English? _____ Does your child speak English? _____

Does your child speak in: a) single words; b) phrases; c) sentences; d) only repeats? _____

Continued/...

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