

HEALTH, FAMILY AND SCHOOL HISTORY

1. HEALTH

- a) Has your child had any serious illness, significant allergies, surgery or a major accident?

If yes, please explain:

- b) Is your child regularly taking medication or receiving frequent medical treatment?

If yes, please explain:

Hearing

Have you ever suspected a hearing problem? _____

If yes, please explain:

Sight

Has your child had any visual problems? Does your child wear glasses? **a)** for reading or **b)** for distance vision? _____

If yes, please explain:

Motor

Have there been concerns about your child's motor development such as delayed start of walking, balance or coordination problems, difficulty with holding a pencil, writing or handling small objects? _____

If yes, please explain:

Social Development

Put an X in the box that best describes how frequently your child shows each feeling or behavior.

Feeling or Behavior	Almost Always	Sometimes	Never
Sticks to one activity (e.g. listens to story) for at least 15 minutes at a time			
Accepts own limits without getting upset			
Plays well with other children (e.g. takes turns and shares)			
Stops an activity when told to do so			
Does what is asked by a parent			
Separates easily from parent/ caregiver			
Has temper tantrums			
Is easily frustrated and cries often			
Notices other people's feelings			
Waits to hear the whole question before answering			
Likes to be with other people			

2. FAMILY INFORMATION

a) Please list the names and relationships of immediate family members as well as other people who live with the child. Please include domestic help and the birth dates of siblings.

b) If you are new to Accra, there may have been changes for your family associated with the move such as change in work routine for either parent, type of living accommodation, etc. Please explain:

c) Is your child affectionate to members of the family?

d) Describe your child's separation behavior when you leave him/her with other caregivers.

e) Who are the main people responsible for establishing behavioral expectations and consequences for your child (mother, father, domestic help, others)? Please explain.

f) What form of discipline do you use at home and how does your child respond to discipline?

g) Is there anything unique about your family that you'd like to share with us that would be useful in our work with your child?

3. ROUTINES

Toilet-training Information:

Is your child toilet-trained in the day? Please circle.

Always Most of the time Occasional accidents Not yet toilet trained

Sleeping Habits

a) Does your child currently nap in the day? If so, at what time and for how long?

b) For how many hours does your child normally sleep at night?

c) What is your child's usual bedtime on week nights?

d) Does your child go to bed without a struggle?

Eating Habits

a) Is your child able to feed himself/herself independently? Please explain.

b) Briefly describe a typical Saturday for your child:

4. SCHOOL HISTORY

a) Has your child previously attended school (including part-time programs)? Please circle.

Yes

No

b) If yes, please provide details about your child's previous schooling:

c) Does HIS have permission to contact your child's previous school?

Yes

No

Please sign here: _____

Name of School	Country	Language/s of Instruction	Grade/S Attended	Comments

d) Did the previous school personnel express any areas for attention regarding your child's academic or behavioral needs? If yes, please explain:

e) Has your child received any of the following services? Please check:

Service	In School	Out of School	Names/ Phone Numbers and/or e-mail
Language/Speech therapist			
Physical/occupational therapist			
Psychologist/psychiatrist/counselor			
Resource (for special learning needs)			
Tutor			
ESL (English-as-a-second language)			

f) Does HIS have your permission to contact these specialists? Please circle:

Yes No Please sign here: _____

- Please attach a copy of information you would like to share relevant to your child?

5. SUMMARY

a) Is there any other information you would like to share relevant to your child?

b) What do you expect your child to accomplish this year? (Optional)
