

Entryform RKBS De Wilgen



RKBS De Wilgen
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In order to help your child find their way in school and monitor their progress, we would kindly like to ask you to fill in the requested information.

Name student: _____

Form filled in by: _____

Does your child have any siblings? Please state their name and date of birth:

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1. General impression

Which emotions and behaviour do you feel (clearly) describe your child? (you can select multiple answers). You can mark your answers by clicking the box once.

My child is:

- | | | | |
|--------------------------------------|--|--------------------------------------|---|
| <input type="checkbox"/> cheerful | <input type="checkbox"/> confident | <input type="checkbox"/> shy | <input type="checkbox"/> quick to anger |
| <input type="checkbox"/> spontaneous | <input type="checkbox"/> demanding | <input type="checkbox"/> open | <input type="checkbox"/> lively |
| <input type="checkbox"/> insecure | <input type="checkbox"/> jealous | <input type="checkbox"/> quiet | <input type="checkbox"/> dependent |
| <input type="checkbox"/> independent | <input type="checkbox"/> (hyper)active | <input type="checkbox"/> passive | <input type="checkbox"/> closed |
| <input type="checkbox"/> anxious | <input type="checkbox"/> resilient | <input type="checkbox"/> challenging | <input type="checkbox"/> sensitive |

2. Involvement

My child:

	Yes	Sometimes	No
Can focus on something intensely			
Can entertain itself with a task or a game for a while			
Finishes what they started			
Asks for help when needed			
Plays with other children			
Helps other children			
Can handle authority			

Please mark the applicable answer with a cross (x)

Entryform

This school is part of Stichting Meer Primair

3. Development

- Did your child attend kindergarten before starting primary school? Yes / No
- Did your child attend daycare before starting primary school? Yes / No
- Did your child attend preschool before starting primary school? Yes / No
- Are there any documents available that provide information about your child's development provided by any of the organisations mentioned above? Yes / No
Please supply a copy if this is possible.
- Does your child have (food) allergies and/or medication, such as an epipen? If this is the case, which allergies/medication?

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- Is your child potty-trained? Yes / No

Your child is expected to be potty trained when attending school. In case of special circumstances, please contact the school.

- Is your child capable of dressing and undressing themselves? Yes / No

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- Are there any particulars concerning the child's motor coordination or development? Yes / No

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- Which language(s) do you speak at home?

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- If you do not speak Dutch at home, at which age did your child first come into contact with the Dutch language?

- Does the child have a family history of mental or physical conditions which might influence their learning experience (e.g. dyslexia, learning difficulties, intellectual giftedness, epilepsy, etc.)? Yes / No

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- Did your family experience unusual or special occasions (such as hospitalisations, illnesses, divorce, loss of a loved one, moving to another house or adoption)? Yes / No.
If this applies to you, please elaborate on your answer.

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Please indicate how you view your child's development

	No	Yes	Notes
Did your child crawl?			
Did your child start to speak before or during its second year?			
Is your child able to talk and tell its own stories?			
Does your child know the names of the colours? Which ones?			
Do you read to your child?			

Please mark the applicable answer with a cross (x)

4. Specialists

- Did your child receive treatment from a specialist? Yes / No. Consider for example physical therapy, speech therapy, ergotherapy, a doctor specialised in throat, nose and ears, an oculist and/or child services/social services? If so, for what reason did your child receive treatment?

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- Does your child have eye or ear related problems?

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5. Interests

- What is your child interested in?

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6. Miscellaneous

- Are there any other things that could be important to us related to your child's development?

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The information listed above will be carefully and safely processed. By signing this document, parent(s)/guardian(s) declare to give permission to process the personal data provided in this document.

Name parent/guardian 1

Name parent/guardian 2

Signature

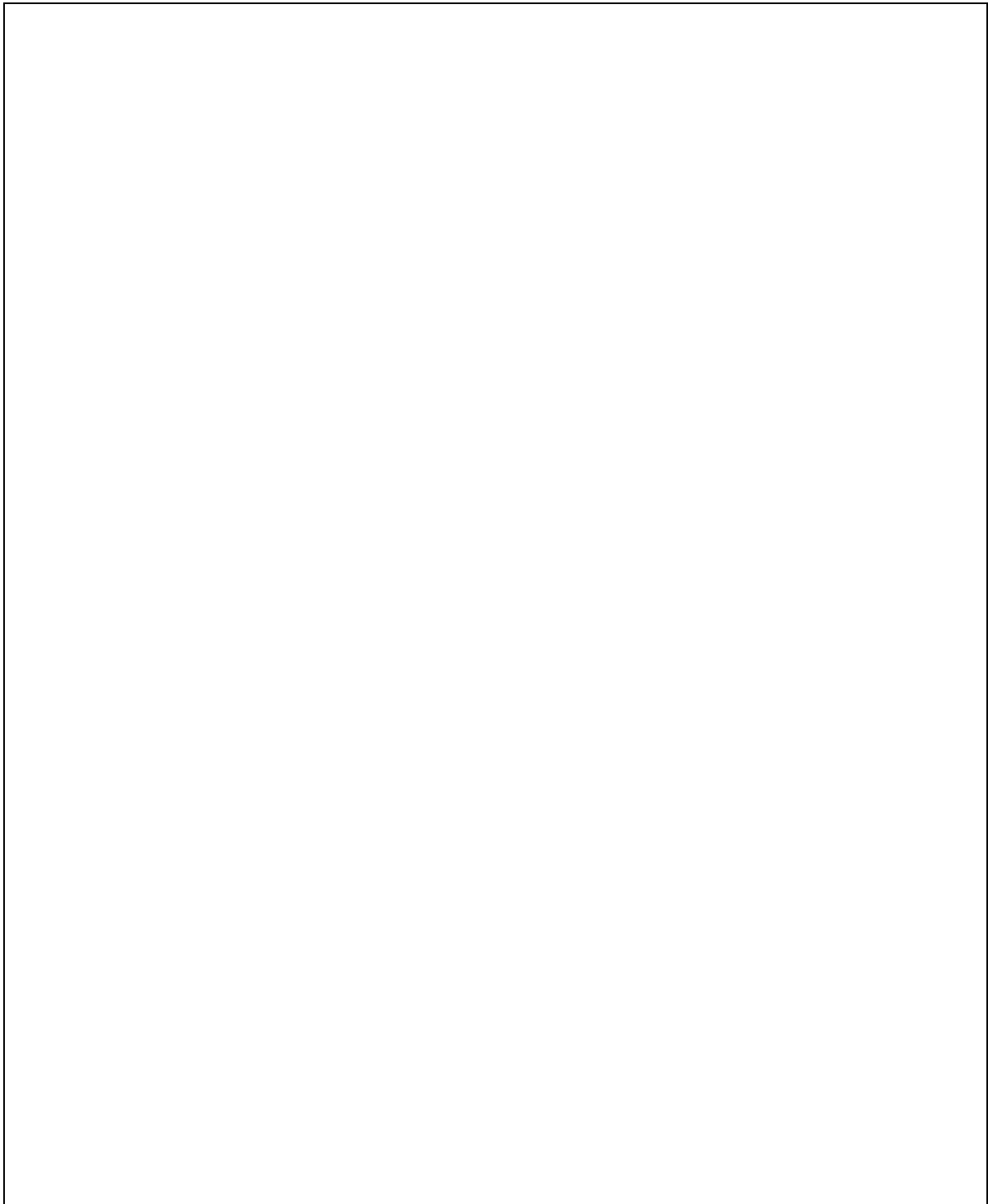
Signature

Date:

Date:

7. Fine motor skills

- Would you ask your child to draw themselves in the quadrant below?

A large, empty rectangular box with a thin black border, intended for a child to draw themselves in.