

WALL PRIMARY SCHOOL
NEW STUDENT INFORMATION SHEET

Child's Name: _____ **Date:** _____

Name(s) to which your child responds: _____

Present Age: _____ **Years:** _____ **Months:** _____

List all the members of the household and their relationship to the child:

Name	Age	Relationship

Has your child been in a controlled group situation? (ie -Nursery or Sunday School)

☐ Yes - Full Time ☐ Yes - Part Time ☐ Not at all
(4+ days, 3+ hrs per day)

By your observation of your child in a group situation, would you determine he/she is:

☐ Quiet & reserved ☐ Active & engaged ☐ Varied ☐ No experience w/groups

Does your child have playmates? If yes, please list ages and briefly describe the relationship.

What types of activity does your child enjoy most?

Does your child care for his/her needs? (Dressing, toilet needs, eating, etc.)

Does your child care for his/her possessions?

Please check if your child is able to manage:

☐ Buttons

☐ Shoe laces

☐ Zippers

☐ Coat hangers

Please check which of the following materials your child has used:

☐ Scissors

☐ Paints

☐ Finger Paint

☐ Jump Rope

☐ Crayons

☐ Clay

☐ Paste

☐ Balls

Please check which best applies to your child:

☐ Right Hand Dominant

☐ Left Hand Dominant

☐ Both

☐ Not sure

What are your child's best qualities? (Please elaborate)

In what area(s) would you hope to see the most improvement?

Is your child's speech clear? _____ Does your child use full sentences? _____

Are certain sounds difficult for your child? If yes, please list:

Please list any concerns or questions that need further discussion.
