



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

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.
