



Entreeformulier Dit ben ik

- This is me -



A. General information

Child's name:

Date of birth:

Date of applying to this school:

Names of the parents/care givers:

Names of brothers/sisters:

Home telephone number:

Mobile telephone number:

Form completed by:

B. Medical information

1. How did the pregnancy and delivery of your child go?
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2. Has your child ever been admitted to a hospital?
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3. Has your child ever received special medical care? If so, can you specify?
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4. Does your child need medication? If so, which medicines?
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.....
5. Does your child have any allergies?
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.....
6. Has your child had or is your child having/undergoing speech therapy?
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.....

C. History of your child

1. What kind of baby was your child?
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2. How is the relationship between your child and his/her siblings?
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.....
3. Have there been any special occurrences in your child's life (e.g. a new baby in the family, divorce, a recent move, death)?
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D. Development of the child

1. Are there any foods/beverages your child is not allowed to eat/drink?
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2. Can your child go to the toilet independently/ Is your child toilet-trained?

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3. Is your child able to dress and undress without any help?

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4. Is your child used to going out (to a park, visiting others)?

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5. How did the development of motor skills of your child go (when did he/she begin to roll over, crawl, walk, ride a bike, climb and how did these processes go)?

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6. Which tasks can your child do independently?

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7. Is your child's memory good?

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8. Can your child concentrate well?

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9. Is your child specifically interested in a certain object, action, or hobby?

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E. Social skills

1. How does your child interact with other children?

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2. How does your child interact with grown-ups?

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3. How many children were there in the group your child attended previously?

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4. Do you think your child will get used to this new group easily?

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F. Emotional stability

1. Does your child fear certain objects, animals, or sounds?

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2. What makes your child angry or afraid and how do you, as a parent, deal with this?

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3. What helps to settle your child when he/she is sad or angry?

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4. Is your child confident?

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G. Development in play

1. What are your child's favorite pastimes/games?

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2. With whom does your child enjoy playing?

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3. Does your child prefer playing together with other children or does he/she prefer to play alone?

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4. Does your child use a lot of fantasy while playing?

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H. Language development

1. What is your native language?

Native language – mother:

Native language – father:

2. Which language do you use when communicating with your child?

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3. How did the language development of your child go (when did he/she start speaking, how is his/her use of sentence structure and vocabulary, both in Dutch and/or the native language)?

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4. Is your child interested in being read to, reading, drawing and/or writing?

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5. Do you notice that your child is learning to read, write or calculate all by him/herself?

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6. Is there anyone in your family who is dyslectic?

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Additional information:

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Thank You for filling in this form!