CAMPHILL SCHOOL, HERMANUS

QUESTIONNAIRE

Name & surname of Child _____

Date & Place of Birth _____**Gender:**_____

Birth registration nr. / ID No. of Child _____

Nationality _____**Home Language** _____

Religion _____ **Ethnic group**_____

(The ethnic classification is required by the Western Cape Education Department.)

	Mother / Guardian	Father / Guardian
Name & surname		
Nationality		
Occupation		
Home Address	1.	3.
Postal Address	2.	4.
Home Tel. nr.		
Work Tel. nr.		
Cell phone nr.		
E-mail address		

To which of the above addresses should the invoice be posted?_____

To which address should other correspondence be posted? _____

Medical Aid Name _____**Number** _____

Name of main member_____

In case of emergency, should your child be taken to the Provincial Hospital or the Medi Clinic?

_____

Next of Kin (someone living at a different address):

Name:_____**Relationship to child:**_____

Postal address_____ **Home address:**_____

_____ _____

_____ _____

Tel Nr. Home: _____**Work:**_____**Cell:**_____

Are you the biological parent/s of the child, foster parent/s or have you adopted the child? If the child is in your care for another reason, please explain:

_____

Antenatal

Age of parents at birth of child: _Mother:_____Father:_____

Dates of Births of any other children _____

_____

Do you know of any hereditary or congenital diseases or illness among the members of your families, or of any of the following conditions: Epilepsy, mental or nervous diseases, malformation, deafness or other serious disability or illness?

_____

_____

Pregnancy

Did any falls or blows, etc. occur during pregnancy? If so, at what stage of the pregnancy?

_____

Did you suffer any emotional stress during pregnancy? Please explain.

_____

Was there any bleeding during pregnancy? If so, at what stage of the pregnancy?

_____

Were you working during pregnancy? If so, state the type of work and for how long.

_____

Did you have any infections or illnesses while you were pregnant? Please elaborate.

_____

Did you undergo an X-ray examination during pregnancy? If so, state why and when.

_____

_____

Were you taking any drugs, tablets or other medicines during pregnancy? Please give details.

_____

_____

Was your child wanted (or planned)? _____

Before you became pregnant were you at any time using contraceptives? Please elaborate.

_____

Birth

Was baby full term? _____If not, when was the baby born?_____

Normal delivery / Caesarian? _____

If caesarian, please state reason_____

Was the delivery induced? _____

If normal delivery, was the mother sedated / drugged? _____

Duration of labour: _____

Was the birth easy or difficult? _____

Were instruments used? _____

Did the baby cry immediately after birth?_____

Was the baby jaundiced (yellow) at birth, or soon after birth? If so, for how long?

_____

Did the baby require special treatment to help him/her breathe? (Injections, oxygen, etc.)

_____

Were there any signs of abnormality at birth? Please describe._____

_____

Birth Weight _____kg_

Post Natal

Please describe how the baby was feeding, if the baby was breastfed and for how long?

Was your child quiet or restless when a baby?_____

Did your child show affection towards you in the usual way?_____

_____

Were there any disturbances of digestion or recurrent vomiting?

_____

Milestones

At what age did your child first : smile _____

reach out for things _____

sit unaided _____ Crawl: _____

walk unaided _____

When did teething start? _____

When did your child first begin to use: words _____

sentences _____

the word "I" _____

Is your child toilet trained? _____ If no, give reasons _____

_____

Describe any serious falls or accidents which your child may have had, and at what age?

_____

_____

What illnesses or children's illnesses (Chicken pox, measles, mumps,etc.) has your child had and at what age?_____

_____

Vaccinations? _____

Immunisations? _____

Has your child had any sudden rise of temperature or undefined illness? Please describe.

_____

_____

Has your child had any fits? If so, describe type of fits, duration and frequency. Did they recur at any particular times?

_____

Is your child at present receiving any drugs or medication? If so, please give names and dosages.

_____

_____

How is your child's dental health?_____

_____

Has your child's eyesight been tested? _____

Has your child's hearing been tested? _____

Where applicable, please complete the following :

Allergies: _____

_____

Medic Alert Number _____

Admission or Out Patient attendance at hospitals:

Date of admission or first attendance _____

Name & address of hospital _____

Name of Doctor or Surgeon _____

Reason for admission or attendance _____

_____

_____

Describe your child's connection to mother/father, family and siblings:_____

_____

Describe your child's present diet and meal times:_____

_____

Can your child eat by him/herself? Please describe_____

_____

Please describe your child's sleeping pattern and bed times:_____

_____

Are there any special, unusual indications relating to the physical care of the child, e.g. stoma? Please describe:_____

_____

Please describe any other incidents or facts, which might help us in tracing the cause of your child's difficulties:

_____

Please describe any traumatic events your child may have experienced or witnessed.

_____

_____

Did your child attend any behaviour modification centres? If so, please state :

Name and address of the centre_____

Approximate period of attendance _____

Advice given to you and your comments _____

_____

Has your child undergone any psychological or intelligence tests? If so :

When and where was your child tested? _____

What were the results of the test (IQ)? _____

Has your child had any private tuition? _____

Did your child attend any school? If so, please state name/s and address/es of school/s, what type of school it is and the approximate period of attendance:

_____

_____

_____

_____

_____

_____

_____

For applicants under 18 years old, have you applied for a Care Dependency Grant?_____

For applicants over 18 years old, have you applied for a Disability Grant?_____

Are you receiving one of these grants? _____

If your application for a Social grant was unsuccessful, please state the reason:

Please describe in full detail in your own words your child's special needs. What are his or her abilities and challenges and why is he / she needing special education. Also, please elaborate on behavioural problems your child may have. Please attach additional pages if needed.

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Thank you for taking the time to complete this questionnaire.