

## KING'S SCHOOL CONFIDENTIAL QUESTIONNAIRE

### FAMILY

CHILD'S NAME & SURNAME:		AGE:
FAMILY PLACEMENT:	SIBLINGS:	
GENERAL FAMILY HISTORY (WEAKNESSES OF SIGHT, HEARING, HEART ETC OR LEARNING DIFFICULTIES)		

### HISTORY OF BIRTH

PREGNANCY (NUMBER OF WEEKS):			
DELIVERY (NORMAL/C SECTION):			
WAS BABY DISTRESSED AT BIRTH?			
WHAT WAS YOUR FIRST REACTION TO YOUR BABY?			
FEEDING	BREAST:	BOTTLE:	WHEN WEANED:
FEEDING DIFFICULTIES:			

### DEVELOPMENT

AGE:	SIT	CRAWL	WALK
HOW DID YOUR CHILD MOVE BEFORE WALKING?			
GENERAL HEALTH:			
DOES YOUR CHILD GO TO THE TOILET ON OWN?		DOES YOUR CHILD STILL HAVE NIGHT BOTTLE OR DUMMY?	
DOES YOUR CHILD WET THE BED, OR WEAR A NIGHT NAPPY?			

### LANGUAGE

AGE OF TALKING:	WORDS:	SENTENCES:
IS THERE A LACK OF SPEECH?		
DOES YOUR CHILD HAVE ANY SPEECH DIFFICULTIES?		
IS THERE MUSIC IN THE HOME?		
DOES YOUR CHILD SING?		

### TEETH

WHEN DID YOUR CHILD CUT FIRST TOOTH?
DID YOUR CHILD HAVE TEETHING DIFFICULTIES ?(DESCRIBE)
HAS YOUR CHILD VISITED THE DENTIST?

### MEDICAL HISTORY

HAS YOUR CHILD ANY PHYSICAL DEFECTS?	
HAS YOUR CHILD ANY HEARING OR SIGHT PROBLEMS?	
HAS YOUR CHILD HAD EYES TESTED?	
HAS YOUR CHILD HAD HEARING TESTED?	
HAS YOUR CHILD HAD ALL RELEVANT IMMUNIZATIONS?	
DOES YOUR CHILD DEVELOP EXCESSIVELY HIGH FEVERS WITH CONVULSIONS? IF SO HOW IS IT TREATED?	
WHAT OPERATIONS HAS YOUR CHILD HAD? GIVE DETAILS.	
DOES YOUR CHILD HAVE A HISTORY OF ILLNESS? IF SO GIVE DETAILS.	
HAS YOUR CHILD BEEN HOSPITALIZED?IF SO GIVE DETAILS	
WHAT INFECTIOUS DISEASES HAS YOUR CHILD HAD?	
DOES YOUR CHILD RECEIVE ANY MEDICATION AT THE MOMENT? IF SO GIVE DETAILS	
DOES YOUR CHILD HAVE ANY ALLERGIES?	

### SLEEP

WHAT TIME DOES YOUR CHILD GO TO BED?	
WHAT TIME DOES YOUR CHILD FALL ASLEEP?	
WHERE DOES YOUR CHILD SLEEP?	
WHAT TIME DOES YOUR CHILD WAKE UP?	
DOES YOUR CHILD SLEEP IN THE AFTERNOON?	
DOES YOUR CHILD SLEEP PEACEFULLY?	

DOES YOUR CHILD NEED A COMFORTER WHEN IN BED?(SUCK THUMB, HAVE DUMMY OR BLANKET)	
DOES YOUR CHILD PLAY IN BED?	
DOES YOUR CHILD SING IN BED?	

**PLAY**

WHAT DOES YOUR CHILD PLAY WITH?	
DOES YOUR CHILD PACK AWAY PLAYTHINGS?	
IS YOUR CHILD DEPENDENT ON ADULT ATTENTION?	
CAN YOUR CHILD PLAY ON HIS/HER OWN?	
HOW MUCH TV DOES YOUR CHILD WATCH?	
DO YOU READ BOOKS TO YOUR CHILD? WHEN AND HOW OFTEN?	

**GENERAL**

IS YOUR CHILD USUALLY HAPPY?	
DOES YOUR CHILD CRY EASILY?	
IS YOUR CHILD EASILY FATIGUED?	
DOES YOUR CHILD GET EASILY EXCITED?	
DOES YOUR CHILD HAVE ANY NERVOUS HABITS?	
WHAT IS YOUR CHILD AFRAID OF?	
DOES YOUR CHILD DEMAND ATTENTION OR AFFECTION?	
HAS YOUR CHILD A LOW FRUSTRATION TOLERANCE?	
HOW IS YOUR CHILD DISCIPLINED BY MOTHER?	
HOW IS YOUR CHILD DISCIPLINED BY FATHER?	
HOW DOES YOUR CHILD HANDLE DISCIPLINE?	
DOES YOUR CHILD HAVE TEMPER TANTRUMS?IF SO HOW DO YOU HANDLE THESE?	
DOES YOUR CHILD EAT WELL?	
DOES YOUR CHILD EAT A BALANCED DIET?	
WHAT IS YOUR CHILD'S CONCENTRATION LIKE?	

**ANY OTHER INFORMATION WE SHOULD KNOW ABOUT YOUR CHILD.**

---

---

---

**SIGNATURE:** .....

**DATE:** .....