You are not obliged to answer any of the following, however doing so will help us to support your child.

Does your child have any of the following difficulties/conditions? Please ![C:\Users\Secretary\AppData\Local\Microsoft\Windows\INetCache\IE\16NA9Q56\Check_mark.svg[1].png]() each box.

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| Speech Delay |  |  |
| Language Difficulty |  |  |
| Separation Anxiety |  |  |
| Asthma |  |  |
| Epilepsy |  |  |
| Haemophilia |  |  |
| Allergies |  |  |
| Any other difficulty/Condition? Please give details |  |  |
|  |  |  |
|  |  |  |

Has your child ever attended any of the following services?

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| Assessment of Need |  |  |
| Speech and Language Therapy |  |  |
| Behaviour Therapy |  |  |
| Play Therapy |  |  |
| Occupational Therapy |  |  |
| Psychologist |  |  |
| Psychiatrist |  |  |
| Other |  |  |
| If yes, please send in a copy of Professional Report. |  |  |

Have you concerns about your child’s ability to

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| Interact with other children |  |  |
| Social Skills |  |  |
| Use toilet independently |  |  |
| Follow instructions |  |  |

Any other concerns:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Have you been informed of any developmental delays in your child as a result of an examination by any professional medical person e.g. Public Health Nurse, G.P. etc Yes No

 □ □

If yes please give details \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Were you informed of any behavioural issues with your child while he/she was attending primary school/ pre-school? Yes No

 □ □

Child’s Relevant Health Problems/Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you give St. Patrick’s JNS your consent to contact the named Pre-schools/Primary Schools for any reason after he/she starts school in September? □ Yes □ No

Parent’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_