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| **PLEASE ATTACH ALL PREVIOUS ASSESSMENT REPORTS** | | | | | | |
| Date of submission |  | |  | |  | |
| Please think carefully about your child’s development, reading history and describe behaviours that are brought to mind when you answer these questions. The questions are designed to assist in formulating a picture of your child and his/her development. Take time to think about the questions. Some may not apply to your child, but if they do, please answer as fully as possible. | | | | | | |
| **Details of Applicant/ (kindly submit a photo of your child)** | | | | | | |
| **Personal** | | | | | | |
| **Surname** | |  | | | | |
| **Full first name** | |  | | | | |
| **Date of birth** | |  | | **ID Number** | |  |
| **Age** | |  | | **Gender** | |  |
| **Home language** | |  | | | | |
| **Religion** | |  | | | | |
| **Present medication and dosage** | |  | | | | |
| **Street address** | |  | | | | |
| **Postal address** | |  | | | | |
| **Why are you seeking assistance for your child?** | | | | | | |

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| **Medical Aid Details** | |
| **Medical aid and contact no.** |  |
| **Membership number** |  |
| **Medical aid package** |  |
| **Dependant code** |  |

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| **School History** | | | | | | | | | |
| **Current School** | | | | | | | | | |
| **Name of school** | |  | | | | | | | |
| **School’s telephone number** | |  | | | | | | | |
| **Principal name** | |  | | | | | | | |
| **Class teacher** | |  | | | | | | | |
| **Teacher’s telephone number** | |  | | | | | | | |
| **Teacher’s email address** | |  | | | | | | | |
| **Present grade** | |  | | | | | | | |
| **Grade’s repeated** | |  | | | | | | | |
| **Language of instruction** | |  | | | | | | | |
| **Do you give us permission to contact your current school** | |  | | | | | | | |
| **Schools Attended** | | | | | | | | | |
| **Facility** | **Name** | | **Month & Year of entry** | **Child’s Age** | | | **Month and Year of exit** | | |
| **Pre School** |  | |  |  | | |  | | |
| **Primary School** |  | |  |  | | |  | | |
|  | | | | | | | | | |
| **Was your child considered ready for Primary School?** | | | | | | | | | |
| **Was your child considered ready for Primary School** | | | | | Yes |  | | No |  |
| **Was a Readiness Assessment conducted?** | | | | | Yes |  | | No |  |
| **If your child was considered not ready, what reasons were given?** | | | | | | | | | |
|  | | | | | | | | | |
| **In which grade were the reading difficulties first noticed?** | | | | | | | | | |
|  | | | | | | | | | |
| **Comment on the school your child is presently attending. How many children are there in his/her class?** | | | | | | | | | |
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| **Parental Information** | |
| **Parent** | |
| **Full name** |  |
| **ID Number** |  |
| **Present occupation** |  |
| **Nationality** |  |
| **Name of business** |  |
| **Business address** |  |
| **Business telephone number** |  |
| **Cell phone number** |  |
| **Home telephone number** |  |
| **Email Address** |  |
| **Residential Address** |  |
| **Postal Address** |  |
| **Previous occupations over child’s lifespan** |  |
| **Have any of these jobs necessitated long absences from home** |  |
| **Parent** | |
| **Full name** |  |
| **ID Number** |  |
| **Present occupation** |  |
| **Nationality** |  |
| **Name of business** |  |
| **Business address** |  |
| **Business telephone number** |  |
| **Cell phone number** |  |
| **Home telephone number** |  |
| **Email Address** |  |
| **Residential Address** |  |
| **Postal Address** |  |
| **Previous occupations over child’s lifespan** |  |
| **Have any of these jobs necessitated long absences from home** |  |

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| **Marital Status** | | | | | | | | | | | | | | | | | |
| Single | Married | | Divorced | | | | | Separated | | | Widowed | | | | Deceased | | |
|  |  | |  | | | | |  | | |  | | | |  | | |
| **If separated, to whom must documentation be sent?** | | | | | Both |  | | | Father Only | | |  | | Mother Only | | |  |
| **Is this child:** | | Biological | |  | | | Fostered | | |  | | | Adopted | | |  | |

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| **How do you “see” your child’s ability and progress?** | | | | | | | | | | |
|  | | | | | | | | | | |
| **Your child now – at home** | | | | | | | | | | |
| **Can your child concentrate for an extended period of time, eg, playing, watching TV?** | | | | Yes | |  | | No |  | |
| **Do you have to continually repeat instructions?** | | | | Yes | |  | | No |  | |
| **Does your child get distracted easily?** | | | | Yes | |  | | No |  | |
| **How do you rate the following?** | | | | | | | | | | |
| **Concentration** | Good |  | Average | |  | | Poor | | |  |
| **Activity level** | Overactive |  | Normal | |  | | Poor | | |  |
| **Talks** | Too much |  | Average | |  | | Too Little | | |  |
| **Fidgets** | A lot |  | A little | |  | | Not at all | | |  |
| **Please state person and/or organisation who made the referral (eg. school, doctor, teacher, family friend or other)** | | | | | | | | | | |
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| **Family History** | | | | | | | | | | | | | | | | | |
| **Did either parent experience any kind of learning difficulties at school? Please specify.** | | | | | | | | | | | | | | | | | |
| Father | | Yes | | |  | No |  | Mother | | | | Yes |  | | | No |  |
|  | | | | | | | |  | | | | | | | | | |
| **Did either parent or extended family member (brother, cousin, etc) experience a reading or spelling problem?** | | | | | | | | | | | | | | | | | |
| Father’s side | | Yes | | |  | No |  | Mother’s side | | | | Yes |  | | | No |  |
|  | | | | | | | |  | | | | | | | | | |
| **Does anyone in the family have a speech, language and/or hearing problem?** | | | | | | | | | | | | | | | | | |
| Father’s side | | Yes | | |  | No |  | Mother’s side | | | | Yes |  | | | No |  |
|  | | | | | | | |  | | | | | | | | | |
| **Is your child left handed? (select yes or no answer)** | | | | | | | | | | | | Yes |  | | | No |  |
| Father’s side | | Yes | | |  | No |  | Mother’s side | | | | Yes |  | | | No |  |
|  | | | | | | | |  | | | | | | | | | |
| **Latest and/or Current Assessments and Therapies** | | | | | | | | | | | | | | | | | |
| Please state whether your child has had any previous testing (eg. psychological, educational) and if so, by whom and when? It is important for the assessor to know what tests have been done on your child. Some may not be repeated as they require a set period before retesting may occur. If your child is still receiving therapy, please ask the therapist for a recent progress report. Please include ALL the therapy your child has received | | | | | | | | | | | | | | | | | |
| **Paediatrician** | | | | | | | | | | | | | | | | | |
| **Name and Surname** | | |  | | | | | | | | | | | | | | |
| **Contact Number** | | |  | | | | | | **Assessment Date** | | | | | |  | | |
| **Reason** |  | | | | | | | | | | | | | | | | |
| **Findings** |  | | | | | | | | | | | | | | | | |
| **Medication** |  | | | | | | | | | | | | | | | | |
| **Neurologist** | | | | | | | | | | | | | | | | | |
| **Name and Surname** | | |  | | | | | | | | | | | | | | |
| **Contact Number** | | |  | | | | | | | **Assessment Date** | | | | |  | | |
| **Reason** |  | | | | | | | | | | | | | | | | |
| **Findings** |  | | | | | | | | | | | | | | | | |
| **Medication** |  | | | | | | | | | | | | | | | | |
| **Psychologist / Psychiatrist** | | | | | | | | | | | | | | | | | |
| **Name and Surname** | | |  | | | | | | | | | | | | | | |
| **Contact Number** | | |  | | | | | | | | **Assessment Date** | | | |  | | |
| **Email Address** | | |  | | | | | | | | | | | | | | |
| **Reason** |  | | | | | | | | | | | | | | | | |
| **Findings** |  | | | | | | | | | | | | | | | | |
| **Occupational Therapist** | | | | | | | | | | | | | | | | | |
| **Name and Surname** | | |  | | | | | | | | | | | | | | |
| **Contact Number** | | |  | | | | | | | | **Therapy Date** | | |  | | | |
| **Email Address** | | |  | | | | | | | | | | | | | | |
| **Reason** |  | | | | | | | | | | | | | | | | |
| **Findings** |  | | | | | | | | | | | | | | | | |
| **Speech Therapist** | | | | | | | | | | | | | | | | | |
| **Name and Surname** | | | |  | | | | | | | | | | | | | |
| **Contact Number** | | | |  | | | | | | | **Therapy Date** | | |  | | | |
| **Email Address** | | | |  | | | | | | | | | | | | | |
| **Reason** |  | | | | | | | | | | | | | | | | |
| **Findings** |  | | | | | | | | | | | | | | | | |
| **Physiotherapist** | | | | | | | | | | | | | | | | | |
| **Name and Surname** | | | |  | | | | | | | | | | | | | |
| **Contact Number** | | | |  | | | | | | | **Therapy Date** | | |  | | | |
| **Email Address** | | | |  | | | | | | | | | | | | | |
| **Reason** |  | | | | | | | | | | | | | | | | |
| **Findings** |  | | | | | | | | | | | | | | | | |
| **Remedial Therapist** | | | | | | | | | | | | | | | | | |
| **Name and Surname** | | | |  | | | | | | | | | | | | | |
| **Contact Number** | | | |  | | | | | | | **Therapy Date** | | |  | | | |
| **Email Address** | | | |  | | | | | | | | | | | | | |
| **Reason** |  | | | | | | | | | | | | | | | | |
| **Findings** |  | | | | | | | | | | | | | | | | |
| **School Psychologist Service** | | | | | | | | | | | | | | | | | |
| **Name of School Board** | | | |  | | | | | | | | | | | | | |
| **Contact Number** | | | |  | | | | | | | **Therapy Date** | | |  | | | |
| **Email Address** | | | |  | | | | | | | | | | | | | |
| **Reason** |  | | | | | | | | | | | | | | | | |
| **Findings** |  | | | | | | | | | | | | | | | | |
| **Other related information you wish to share:** | | | | | | | | | | | | | | | | | |
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| **Please attach reports for the below testing; failing to do so will result in a delay of the application.** | | | |
| **Auditory - HEARING TEST** | | | |
| **By Whom** | |  | |
| **Date** | |  | |
| **Findings** | |  | |
| **Visual - EYE TEST** | | |
| **By Whom** |  | |
| **Date** |  | |
| **Findings** |  | |

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| **RELEASE FORM** | | | | |
| **PREVIOUS ASSESSMENT REPORTS SHOULD ACCOMPANY THIS QUESTIONNAIRE.**  ***ONLY IN SIGNING THIS FORM YOU GIVE US PERMISSION TO CONTINUE WITH THE PROCESS*** | | | | |
| 1) I hereby authorise the release of any information with regard to  (name of pupil) to Bellavista School. | | | | |
| 2) I hereby declare that all the information provided is to the best of my knowledge, accurate and true. | | | | |
|  | | | | |
| **SIGNED:** |  | | in the capacity of parents or guardian. | |
| **PARENT FULL NAME:** |  | | **DATE:** |  |
|  | | | | |
|  | | | | |
| **SIGNED:** |  | | in the capacity of parents or guardian. | |
| **PARENT FULL NAME:** |  | | **DATE:** |  |
|  | | | | |
|  | | | | |
| **PAYMENT REQUIREMENTS** | | | | |
| Payment of R390.00 assessment fee | | | | |
| **Payment by EFT to:** | | Bellavista SHARE | | |
| **Bank:** | | FNB Business Cheque Account | | |
| **Branch:** | | Rosebank Branch | | |
| **Branch Code:** | | 253305 | | |
| **Account Number:** | | 62606762830 | | |
| **Please reference your payment as follows:** | | Child’s name /RAVEO | | |
| **Proof of payment to be provided** | | | | |