



BELLAVISTA  
•S•E•E•K•  
EDUCATION ASSESSMENT CENTRE

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### PLEASE ATTACH ALL PREVIOUS ASSESSMENT REPORTS

Date of submission \_\_\_\_\_ Date of completion \_\_\_\_\_

Please think carefully about your child's development and describe behaviours that are brought to mind when you answer these questions:

- Were these different from other children you know?
- Were there occasions when these behaviours made it difficult to cope as a family?
- Did you find solutions which helped to deal with any problem behaviours?

The questions are designed to assist in formulating a picture of your child and your child's 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 CHILD TO BE ASSESSED

(kindly submit a low res photo of your child in jpeg or png format)

Personal			
Surname			
Full First Name			
Date of Birth		ID Number	
Age		Gender	
Home Language			
Religion			
Present Medication and Dosage			
Street Address			
Why are you seeking assessment for your child?			

Medical Aid Details	
Medical Aid	
Membership Number	
Medical Aid Package	
Dependant Code	

School History				
Current School				
Name of Current School				
School's Telephone Number				
Principal's Name				
Class Teacher's Name				
Teacher's Telephone Number				
Teacher's Email Address				
Present Grade				
Grades Repeated				
Language of Instruction, E.G., Eng/Afr/Zulu				
Do you give us permission to contact your child's current school?				
Schools Attended				
Facility	Name	Month & Year of entry	Child's Age	Month and Year of exit
Crèche				
Pre-primary				
Primary School				
High School				

School Readiness			
Was your child considered ready for Grade One?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Was a School Readiness assessment conducted?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
If your child was considered not ready, what reasons were given?			
In which grade were the difficulties first noticed?			

Comment on the school your child is presently attending. How many children are there in his/her class? Does your child relate well to his/her teacher? Are you happy with the attention he/she receives?

Parental Information	
Parent	
Title And Surname	
First Name	
ID Number	
Present Occupation	
Nationality	
Name of Business/ Employer	
Business/ Employer Address	
Business/ Employer Telephone Number	
Cell Phone Number	
Home Telephone Number	
Email Address	
Residential Address	
Postal Address	
Previous occupations over your child's lifespan	
Have any of these jobs necessitated long absences from home?	
Parent	
Title And Surname	
First 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?	

Marital Status				
Single	Married	Divorced	Separated	Widowed
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please indicate the legal parent recipient/s of all assessment related documentation				
Is this child:	Biological <input type="checkbox"/>	Fostered <input type="checkbox"/>	Adopted <input type="checkbox"/>	

Siblings (In Chronological Age)				
Name	Age	School	Class	Academic progress
Position of child to be assessed, within the family: _____				

## How do you “see” your child?

It is very important that, where possible, each parent fill in this section separately as it contains valuable information. *This is not the place to discuss your present concerns (see page 8). Just describe your child as he/she appears to you.*

### Parent's Description

### Parent's Description

### Other Significant Person's Description (Au Pair/ Grandparent etc.)

## Your child now – at home

(Please select ☒ the correct answer)

### Sleep

Restless <input type="checkbox"/>	Regular <input type="checkbox"/>	Nightmares <input type="checkbox"/>	Bedwetting <input type="checkbox"/>	Sleepwalking <input type="checkbox"/>
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### Eating

Good appetite <input type="checkbox"/>	Fussy eater <input type="checkbox"/>
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### Habits

Thumb sucking <input type="checkbox"/>	Nail biting <input type="checkbox"/>	Twitching <input type="checkbox"/>	Other <input type="text"/>
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**Can your child concentrate for an extended period of time; e.g., playing, watching TV?**

Yes <input type="checkbox"/>	No <input type="checkbox"/>
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**Do you have to continually repeat instructions?**

Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Does your child get distracted easily?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>How do you rate the following?</b>			
Concentration	Good <input type="checkbox"/>	Average <input type="checkbox"/>	Poor <input type="checkbox"/>
Activity level	Overactive <input type="checkbox"/>	Normal <input type="checkbox"/>	Poor <input type="checkbox"/>
Talks	Too much <input type="checkbox"/>	Average <input type="checkbox"/>	Too Little <input type="checkbox"/>
Fidgets	A lot <input type="checkbox"/>	A little <input type="checkbox"/>	Not at all <input type="checkbox"/>
<b>Socially: (at home)</b>			
Does he/she prefer to play alone?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does he/she like to have the company of friends?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does he/she interact well with friends?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
What age group does he/she prefer to play with?	Older <input type="checkbox"/>	Younger <input type="checkbox"/>	Both <input type="checkbox"/>
How does he/she interact with family members?			
How does he/she interact with other adults?			
<b>Present Concerns</b>			
Please state person and/or organisation who made the referral; e.g.. school, doctor, teacher, family friend or other			
Please state your reasons for seeking help			
Please give details of your concerns. What do you think are the reasons for these problems and what are the contributing factors?			

Parents' Education			
<b>Parent</b>			
Primary Education			
High School			
Tertiary Education			
<b>Parent</b>			
Primary Education			
High School			
Tertiary Education			
Family History			
Comment on any factors you feel are significant within the family, e.g., physical and health or learning difficulties. Please elaborate where possible.			
<b>Did either parent experience concentration difficulties as a child?</b>			
Parent	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Parent Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Now, as an adult, do you find it difficult to sustain attention?</b>			
Parent	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Parent Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Did either parent experience any kind of learning difficulties at school? Please specify.</b>			
Parent	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Parent Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Did either parent or extended family member (brother, cousin, etc) experience a reading or spelling problem?</b>			
What parent's side?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	What parent's side? Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Does anyone in the family have a speech, language and/or hearing problem?</b>			
What parent's side?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	What parent's side? Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Is your child left handed?</b>			Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Is any other family member left handed?</b>			
What parent's side?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	What parent's side? Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Has the child or the family ever experienced any trauma, e.g., death of a loved one, divorce, hijacking, violence. etc? Please give details.</b>			

## Family Relationship *(Please describe the following)*

### Marital relationship

### Relationship of child with parent

### Relationship of child with parent

### Relationship of child with siblings

### Other significant role players

### Discipline

Who disciplines at home?

Parent ☐

Parent ☐

Is it consistent?

Yes ☐

No ☐

What discipline problems do you experience with your child? How do you discipline?  
(Please specify below)

## Previous Assessments

### Consultation with / referral to Educational or Health Professionals

*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.*

#### Paediatrician

<b>Name and Surname</b>			
<b>Contact Number</b>		<b>Consultation Date</b>	
<b>Email Address</b>			
<b>Report Attached</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
<b>Reason</b>			
<b>Findings</b>			
<b>Medication</b>			

#### Neurologist

<b>Name and Surname</b>			
<b>Contact Number</b>		<b>Consultation Date</b>	
<b>Email Address</b>			
<b>Report Attached</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
<b>Reason</b>			
<b>Findings</b>			
<b>Medication</b>			

#### Psychiatrist

<b>Name and Surname</b>			
<b>Contact Number</b>		<b>Consultation Date</b>	
<b>Email Address</b>			
<b>Report Attached</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
<b>Reason</b>			
<b>Findings</b>			
<b>Medication</b>			

Occupational Therapist			
Name and Surname			
Contact Number		Therapy Date	
Email Address			
Report Attached		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is therapy currently underway	If yes, name of Occupational Therapist / consulting professional		
	If no, termination date and reasons		
Recommendations			
Speech-Language Therapist			
Name and Surname			
Contact Number		Therapy Date	
Email Address			
Report Attached		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is therapy currently underway	If yes, name of Speech-Language Therapist / consulting professional		
	If no, termination date and reasons		
Recommendations			
Physiotherapist			
Name and Surname			
Contact Number		Therapy Date	
Email Address			
Report Attached		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is therapy currently underway	If yes, name of consulting professional		
	If no, termination date and reasons		
Recommendations			
Remedial Therapist			
Name and Surname			
Contact Number		Therapy Date	
Email Address			
Report Attached		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is therapy currently underway	If yes, name of Remedial Therapist / consulting professional		
	If no, termination date and reasons		
Recommendations			

School Psychologist Service			
Name			
Contact Number		Therapy Date	
Email Address			
Reason			
Findings			

<p>We will give you a letter to invite the above therapists to the Case Conference following our assessment. Their attendance is only on your request.</p>
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## Developmental History

### Pregnancy and Birth

Please select the appropriate column **and** comment.

PREGNANCY	Yes	No	Comment
Were there any miscarriages/still births?	<input type="checkbox"/>	<input type="checkbox"/>	
Was the baby planned?	<input type="checkbox"/>	<input type="checkbox"/>	
Had you been married when the baby was born? If yes, for how long?	<input type="checkbox"/>	<input type="checkbox"/>	
Did the mother have physical and/or emotional problems during pregnancy; e.g., flu, infections, unusual tension or trauma? If so, please elaborate.	<input type="checkbox"/>	<input type="checkbox"/>	
Were any medications taken during the pregnancy? If yes, what were they?	<input type="checkbox"/>	<input type="checkbox"/>	
Were X-rays and scans taken? If yes, how many? _____	<input type="checkbox"/>	<input type="checkbox"/>	
Did the mother smoke during pregnancy?	<input type="checkbox"/>	<input type="checkbox"/>	
Did the mother consume alcohol during pregnancy?	<input type="checkbox"/>	<input type="checkbox"/>	
BIRTH	Yes	No	Comment
Please state whether your baby was premature, full term or post-mature.	<input type="checkbox"/>	<input type="checkbox"/>	
Where was the baby born?	<input type="checkbox"/>	<input type="checkbox"/>	
Was there a prolonged labour?	<input type="checkbox"/>	<input type="checkbox"/>	
Was there any foetal distress?	<input type="checkbox"/>	<input type="checkbox"/>	
Forceps used?	<input type="checkbox"/>	<input type="checkbox"/>	
Cord around neck?	<input type="checkbox"/>	<input type="checkbox"/>	
Cesarean section? Why?	<input type="checkbox"/>	<input type="checkbox"/>	
Was an incubator used? For how long? Could parents touch baby in the incubator?	<input type="checkbox"/>	<input type="checkbox"/>	
What was the Apgar rating?	At 1 minute? _____ At 5 minutes? _____		
What was the birth weight?	/	/	
Were there breathing difficulties? Was oxygen administered?	<input type="checkbox"/>	<input type="checkbox"/>	
Initial jaundice? Was the baby put under lights? For how long?	<input type="checkbox"/>	<input type="checkbox"/>	
Did the parent and baby go home together? If not, did the parent visit daily? How long did baby remain in hospital?	<input type="checkbox"/>	<input type="checkbox"/>	
Did the parent breast feed at hospital or express milk to take it into the hospital?	<input type="checkbox"/>	<input type="checkbox"/>	
Post natal depression? For how long? Was any treatment necessary? Were there any problems in bonding?	<input type="checkbox"/>	<input type="checkbox"/>	

Infancy			
Did your baby experience	Yes	No	Comment
<b>Feeding problems</b> Who advised? _____ How many formulas tried? _____ Did you stick rigidly to 4 hour feeding or did you feed on demand? _____	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Colic</b> Was there excessive crying? Did it last 3 months or was it longer? _____ How did this make you feel?	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Disturbed Sleep Patterns</b>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Eczema, asthma, other allergies</b>	<input type="checkbox"/>	<input type="checkbox"/>	
Did you notice that at times your baby seemed to be floppy or very stiff?	<input type="checkbox"/>	<input type="checkbox"/>	
When did you <i>start toilet training</i> ?	/	/	
When was s/he dry during the day?	/	/	
When was s/he dry during the night?	/	/	

Baby's Behaviour (please select appropriate answers)						
Difficult <input type="checkbox"/>	Content <input type="checkbox"/>	Sleepy aggression <input type="checkbox"/>	Head banging <input type="checkbox"/>	Temper tantrums <input type="checkbox"/>	Rocking <input type="checkbox"/>	Breath holding <input type="checkbox"/>

Emotional Development			
In his first three years, did your child :	Yes	No	Comment
Suck a dummy?	<input type="checkbox"/>	<input type="checkbox"/>	
Bite his/her nails?	<input type="checkbox"/>	<input type="checkbox"/>	
Suck his/her thumb?	<input type="checkbox"/>	<input type="checkbox"/>	
Have a special toy/blanket?	<input type="checkbox"/>	<input type="checkbox"/>	
Masturbate heavily? If yes, how did you deal with this?	<input type="checkbox"/>	<input type="checkbox"/>	
Hair pluck? Where?	<input type="checkbox"/>	<input type="checkbox"/>	
Head bang?	<input type="checkbox"/>	<input type="checkbox"/>	
Have specific fears? What are they? Is there a realistic origin?	<input type="checkbox"/>	<input type="checkbox"/>	
Have nightmares? Does the child sleep with the light on?	<input type="checkbox"/>	<input type="checkbox"/>	
Have tantrums? How do you deal with these?	<input type="checkbox"/>	<input type="checkbox"/>	
Bed-wetting problems? Could you say <u>when</u> he wets the bed? In the early hours or later? Is there any thrashing about in bed?	<input type="checkbox"/>	<input type="checkbox"/>	
Soiling problems?	<input type="checkbox"/>	<input type="checkbox"/>	

<b>Comment on any of the above habits that still continue</b>			
<b>Are these, in your opinion, related to school? If not, what do you think causes this at home?</b>			
<b>Is your child easily frustrated?</b>		Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Is he/she overly sensitive or emotional?</b>	Overly Sensitive <input type="checkbox"/>	Emotional <input type="checkbox"/>	
<b>Medical History</b>			
<i>Please give the following details:</i>			
<b>Details</b>	<b>Name</b>	<b>Date</b>	<b>Comments</b> (including changes in behaviour)
<b>Childhood illnesses</b>			
<b>Operations</b>			
<b>Allergies</b>			
Has your child had a <i>thorough medical examination recently by a paediatrician?</i>		Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>If yes, please fill in the following</b>			
<b>By whom</b>			
<b>When</b>			
<b>What were the findings?</b>			
<b>Record of Medication</b>			
<b>Year</b>	<b>Type of medication and dosage</b>	<b>Prescribed by</b>	<b>Behavioural changes</b>

**Please attach relevant reports for the below testing so as to avoid any delay regarding assessments.**

### Auditory System - HEARING TEST

By whom			
Date			
Findings			
Does your child:	Yes	No	Comment
• Seem to hear sounds unnoticed by other children/adults?	<input type="checkbox"/>	<input type="checkbox"/>	
• Seem to be very sensitive to sounds, eg, refrigerator, fluorescent lights, heaters?	<input type="checkbox"/>	<input type="checkbox"/>	
• Seem confused as to the direction from which a sound comes?	<input type="checkbox"/>	<input type="checkbox"/>	

### Visual System - EYE TEST

By whom			
Date			
Findings			
Does your child:	Yes	No	Comment
Have a diagnosed visual defect? If yes, how has this been treated/corrected?	<input type="checkbox"/>	<input type="checkbox"/>	
Wear glasses? If yes, please ensure that they are brought with to the assessments	<input type="checkbox"/>	<input type="checkbox"/>	
Seem to have difficulty following a moving object?	<input type="checkbox"/>	<input type="checkbox"/>	
Make reversals when copying?	<input type="checkbox"/>	<input type="checkbox"/>	
Appear to be sensitive to light/sunlight?	<input type="checkbox"/>	<input type="checkbox"/>	
Resist having his/her eyes closed/covered?	<input type="checkbox"/>	<input type="checkbox"/>	
Blink his/her eyes continuously?	<input type="checkbox"/>	<input type="checkbox"/>	
Are his/her eyes continually red/watery?	<input type="checkbox"/>	<input type="checkbox"/>	
Tend to work with his/her head close to the table?	<input type="checkbox"/>	<input type="checkbox"/>	
Become excited/confused when confronted by a variety of visual stimuli/objects?	<input type="checkbox"/>	<input type="checkbox"/>	

### Motor Milestones

Approximately when did the following occur?	Age/Comment
<i>(If you cannot recall exact ages, did it appear to be the same as other children or earlier or later?)</i>	
smile	
hold head up	
roll over	
sit by himself without help	
crawl	
○ in what way? _____	
○ for how long did he/she crawl? _____	
walk	
ride a tricycle	
ride a bicycle without "fairy" wheels	

Did your child use a walking ring? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, at what age did the child <u>start</u> using it? _____ At what age did the child <u>stop</u> using it? _____ For how long each day was he/she in it? _____			
Did your child use a jolly jumper?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Does your child enjoy jungle gym equipment and other outdoor activities?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Functional Tasks:</b>	<b>Yes</b>	<b>No</b>	<b>Age/Comment</b>
Does your child dress/undress him/herself?	<input type="checkbox"/>	<input type="checkbox"/>	
Does your child experience difficulty with shoelaces or buttons, putting on a T-shirt or sweater?	<input type="checkbox"/>	<input type="checkbox"/>	
Is your child a messy eater?	<input type="checkbox"/>	<input type="checkbox"/>	
Where does your child eat? at the table, <input type="checkbox"/> with the family <input type="checkbox"/> or alone? <input type="checkbox"/>	At what time? _____		
Does your child bath independently?	<input type="checkbox"/>	<input type="checkbox"/>	
Brush teeth independently?	<input type="checkbox"/>	<input type="checkbox"/>	
Use the toilet independently?	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Sensorimotor History:</b>			
If there have been noteworthy changes or alterations in the following behaviours, please comment on these as this could help the therapist.			
<b>Tactile sensation - does your child :</b>	<b>Yes</b>	<b>No</b>	<b>Comment</b>
• Dislike being touched?	<input type="checkbox"/>	<input type="checkbox"/>	
• Prefer to touch than to be touched?	<input type="checkbox"/>	<input type="checkbox"/>	
• Dislike being cuddled/hugged?	<input type="checkbox"/>	<input type="checkbox"/>	
• Seem irritable when held?	<input type="checkbox"/>	<input type="checkbox"/>	
• Have a strong need to touch people, objects and/or animals?	<input type="checkbox"/>	<input type="checkbox"/>	
• Seem easily irritated or enraged when touched by siblings or playmates?	<input type="checkbox"/>	<input type="checkbox"/>	
• Frequently push/bump other children (eg. when standing in a line)?	<input type="checkbox"/>	<input type="checkbox"/>	
• Seem to pick fights at school (eg. standing in line, on the playground)?	<input type="checkbox"/>	<input type="checkbox"/>	
• Isolate him/herself from other children?	<input type="checkbox"/>	<input type="checkbox"/>	
• React negatively to the feel of new clothes/labels on collars/textures of clothes?	<input type="checkbox"/>	<input type="checkbox"/>	
• Seem unaware of excessive temperature (eg. wear a sweater in summer?)	<input type="checkbox"/>	<input type="checkbox"/>	
• Dislike having hair and/or face washed?	<input type="checkbox"/>	<input type="checkbox"/>	
• Dislike having a haircut?	<input type="checkbox"/>	<input type="checkbox"/>	
• Object strongly to having his/her nails cut?	<input type="checkbox"/>	<input type="checkbox"/>	
• Dislike being dirty or sticky? Will he/she play with clay, mud, etc.?	<input type="checkbox"/>	<input type="checkbox"/>	
• Avoid taking off his/her shoes and walking barefoot on grass, sand, etc.?	<input type="checkbox"/>	<input type="checkbox"/>	

<ul style="list-style-type: none"> <li>Seem extremely brave or almost unaware of painful experiences, eg, stitches, injections, bruises, cuts?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Taste and Smell</b> - does your child :	<b>Yes</b>	<b>No</b>	<b>Comment</b>
<ul style="list-style-type: none"> <li>Identify odours?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> <li>Ignore/react strongly to bad smells?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> <li>Is your child overly sensitive to different smells?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> <li>Refuse to try new foods?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> <li>dislike food or certain textures (eg, rough, food that needs to be chewed, sherbet)</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> <li>Only eat foods that are smooth with no lumps?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> <li>Act as if all foods taste the same?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> <li>Explore the environment by tasting/putting everything into his/her mouth?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> <li>Refuse to co-operate at the dentist?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> <li>Dislike brushing teeth?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Vestibular</b> - does your child :	<b>Yes</b>	<b>No</b>	<b>Comment</b>
<ul style="list-style-type: none"> <li>Enjoy being rocked?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> <li>Is/was your child scared when you playfully throw/throw him/her up in the air and catch/caught him/her?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> <li>Seem fearful of space, eg, going up and down stairs, escalators, lifts, etc.?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> <li>Appear to be clumsy and often bump into things and/or fall down?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> <li>Enjoy fast moving, rolling, spinning movements and/or rides?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> <li>Tend to avoid balance activities such as climbing over chairs, balance beams?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> <li>Avoid jungle gyms and outdoor climbing activities?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> <li>Dislike riding on an adult's shoulders?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> <li>Get car sick easily?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> <li>Are your child's movements slow, plodding and/or deliberate?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>-ordination</b> - does your child :	<b>Yes</b>	<b>No</b>	<b>Comment</b>
<ul style="list-style-type: none"> <li>Seem to be in perpetual motion from the time he/she wakes until bedtime?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> <li>Manipulate small objects with his/her fingers?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> <li>Seem accident prone, ie, have frequent bumps, bruises, scratches?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> <li>Eat in a sloppy manner?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> <li>Does he/she use a spoon, knife, fork correctly?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> <li>Have difficulty with pencil activities, eg, colouring in, outlining?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> <li>Appear to tire easily?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	

• Has your child established a consistent hand dominance? Which hand does he/she prefer?	<input type="checkbox"/>	<input type="checkbox"/>	
• Seem to ignore one side of the body?	<input type="checkbox"/>	<input type="checkbox"/>	
• Which side?			
• Appear to have difficulty with tasks requiring a sequence of movements, eg, dressing?	<input type="checkbox"/>	<input type="checkbox"/>	
• Have noticeable tongue movements when concentrating hard?	<input type="checkbox"/>	<input type="checkbox"/>	
• Appear to be stronger or weaker than other children of a similar age?	<input type="checkbox"/>	<input type="checkbox"/>	
• frequently grasp objects too loosely or too tight	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Play - does your child :</b>	<b>Yes</b>	<b>No</b>	<b>Comment</b>
• Play in a constructive or destructive manner?	<input type="checkbox"/>	<input type="checkbox"/>	
• Play out of his/her own volition/initiative or does he/she need to be constantly guided/led?	<input type="checkbox"/>	<input type="checkbox"/>	
• Is he/she organised in his/her approach to an activity/task or does he/she work in a haphazard manner?	<input type="checkbox"/>	<input type="checkbox"/>	
• Use the toys/equipment appropriately for his/her age?	<input type="checkbox"/>	<input type="checkbox"/>	
• When playing, will he/she first attempt the game or will he/she rather watch others before attempting it him/herself?	<input type="checkbox"/>	<input type="checkbox"/>	
• Are your child's movements flowing or is there poor judgement of timing?	<input type="checkbox"/>	<input type="checkbox"/>	
• First make something and only thereafter decide what it is?	<input type="checkbox"/>	<input type="checkbox"/>	
• Is your child's play repetitive or varied?	<input type="checkbox"/>	<input type="checkbox"/>	
• take risks or does he/she prefer to "play it safe"	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Any other important aspects of development which you feel would assist the therapist:</b>			
<b>Please ensure that your child wears "takies", running shoes or closed shoes for the Occupational Therapy Assessment</b>			

## Speech-Language Milestones

### Medical History

Has your child suffered from ear infections?	Never	Seldom	Frequently
0 – 3 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 – 6 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Above 6 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When was the last ear infection?			
By whom was it treated and how? (complete below)			
Whom		How	
Is there a speech problem within the family? Yes <input type="checkbox"/> No <input type="checkbox"/> Please give full details.			

### Speech-Language Milestones

Did your baby cry at birth?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was s/he an abnormally quiet baby? (not just contented)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Did your baby respond to sounds?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was s/he able to imitate sounds?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Please give approximate dates, e.g., 11 months, to the following:		Dates
• Babbling		
• First Words		
• Sentences		
<b>At Present</b>		
Does your child show understanding when spoken to?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
What makes you certain of this?		

### How do you rate your child's vocabulary in comparison with others of his/her age?

<b>When your child speaks</b>		
• does s/he express himself fluently?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• in long sentences?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• with a good vocabulary?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• is s/he easily understood by others?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

## RELEASE FORM

**PREVIOUS ASSESSMENT REPORTS SHOULD ACCOMPANY THIS QUESTIONNAIRE.**

**ONLY IN SIGNING THIS FORM YOU GIVE US PERMISSION TO CONTINUE WITH THE PROCESS**

In order that we can provide you and your child with the maximum assistance, it is important that we have as much information as possible concerning the developmental history of your child. This includes information concerning difficulties experienced by your child as well as results of any medical, psychological or any other professional testing. You are entitled to seek an assessment even if your child is currently in therapy with another therapist; however, we suggest that to open lines of communication between the professionals only benefits the child being assessed.

To obtain reports on the results of any tests, or to forward any information, we require your permission in writing. We assure you that all information on your family and your child will be kept strictly confidential. It is important for the assessor to know what tests have been done on your child as some may not be repeated, or they may require a set period before retesting may occur.

- 1) I hereby authorise the release of any information with regard to \_\_\_\_\_ (name of child) to Bellavista S.E.E.K.'s personnel.
- 2) I declare that all the information provided is to the best of my knowledge, accurate and true.
- 3) I note and accept the Privacy Policy of Bellavista School as attached to this release document.
- 4) I note that if my child is assessed at Bellavista S.E.E.K. my child is prioritised on the Bellavista candidate list should placement be appropriate.

<b>SIGNED:</b> _____	in the capacity of parent or guardian.
<b>PARENT FULL NAME:</b> _____	<b>DATE:</b> _____

<b>SIGNED:</b> _____	in the capacity of parent or guardian.
<b>PARENT FULL NAME:</b> _____	<b>DATE:</b> _____

## PAYMENT REQUIREMENTS

Payment of R900.00 administrative fee

<b>Payment by EFT to:</b>	Bellavista School
<b>Bank:</b>	Standard Bank
<b>Branch:</b>	Rosebank Branch
<b>Branch Code:</b>	004305
<b>Account Number:</b>	001986686
<b>Please reference your payment as follows:</b>	Child's name / admin fee

**Proof of payment to be provided**

## Teacher Checklist

Please share with us some of your observations of the child's general learning and reading behaviours. In compliance with the **Protection of Private Information Act 4 of 2013**, your input is secured with the express permission of the the parents/ guardians seeking application for assessment at Bellavista S.E.E.K. and/or placement at Bellavista School for their child. This document, and the information held herein, will only be used for the purpose of understanding the needs of the child in terms of this application. It will be stored in the secured electronic archives of Bellavista School and kept for three years following the application, whereafter this record will be deleted by the Information Officer at the school, or her delegate.

Area	Characteristics / Behaviour	Yes/ No	
General / Organisational	<ul style="list-style-type: none"> <li>Does the child forget the right equipment for a task?</li> <li>Does the child process instructions slowly/one at a time?</li> <li>Does the child have concentration difficulties?</li> <li>Does the child struggle to carry out tasks in order?</li> <li>Does child struggle to remember concepts from one lesson to the next?</li> </ul>	Yes	No
Listening Comprehension	<ul style="list-style-type: none"> <li>Does the child listen well?</li> <li>Does the child participate in oral discussion?</li> <li>Is oral language stronger than written language?</li> </ul>	Yes	No
Literacy / Reading	<ul style="list-style-type: none"> <li>Does the child dislike reading?</li> <li>Does the child lose his/her place frequently?</li> <li>Does the child have poor letter-sound correspondence?</li> <li>Does the child confuse words that look similar?</li> <li>Does the child confuse position of letters (e.g. was/saw)?</li> <li>Does the child reverse/inverts letters (e.g. b/d, n/u)?</li> <li>Does the child leave out words?</li> <li>Does the child sound out words, making reading slow?</li> </ul>	Yes	No
Writing	<ul style="list-style-type: none"> <li>Does the child struggle to sequence work?</li> <li>Does the child have good ideas, but can't write it down?</li> <li>Are there many crossings out?</li> <li>Is the child's written work incomplete?</li> <li>Does the child write slowly?</li> <li>Does the child have poor handwriting?</li> <li>Does the child reverse/inverse letters (b/d, m/w, p/q)?</li> <li>Is the writing poorly spaced?</li> <li>Does spelling show poor sound-symbol correspondence?</li> </ul>	Yes	No
Maths / Numeracy	<ul style="list-style-type: none"> <li>Does the child have difficulties in mental math work?</li> <li>Is there a problem remembering math times tables?</li> <li>Does the child confuse/reverse numbers (e.g. 6/9, 3/5)?</li> <li>Do reading difficulties hinder understanding of questions?</li> </ul>	Yes	No
Attitude to learning / classroom tasks	<ul style="list-style-type: none"> <li>Does the child prefer oral work more than reading/writing?</li> <li>Does the child have low self-esteem re schoolwork?</li> <li>Has the child developed behaviour like clown/ withdrawn?</li> <li>Does the child copy from others instead of trying?</li> <li>Is the child tired often because of extra effort?</li> <li>Does the child perform unevenly from day to day?</li> </ul>	Yes	No
Difficulties	Identify specific difficulties not mentioned above that the child may experience in the classroom		
Strengths	Identify any areas where there is evidence of average / high ability / knowledge / skills		

*Adapted from: Phillips, Kelly and Symes (2013: 49 – 50)*

# Privacy Notice

last updated 23 June 2021

## Data protection and disclosure of information

As part of our day-to-day business of providing education and therapeutic intervention (the “Services”), we need to collect personal information from our clients and potential clients to ensure that we can meet their needs for the provision of information about the Services. Your privacy is important to us and it is our policy to respect the confidentiality of information and the privacy of individuals. This notice outlines how we manage your personal information and details your rights in respect of our processing of your personal information. We process your information in terms of our **Protection of Information Policy** and **Retention of Data Policy**. To review same, kindly send a request to the Information Officer via: [Cameron.doyle@bellavistaschool.co.za](mailto:Cameron.doyle@bellavistaschool.co.za) Defined terms herein, where not herein defined, are defined within the **Protection of Personal Information Act, 2013** (as may be amended or substituted from time to time) (“**POPIA**”).

## Who are we?

This Privacy Notice applies to the processing activities of **Bellavista School** (“SCHOOL” a special needs primary school) is the Responsible Party (and Operator in certain instances) for the processing of your Personal Information. Any reference to ‘us’, ‘our’, ‘we’ in this Privacy Notice is a reference to Bellavista School. Similarly, any reference to ‘you’, ‘your’, ‘yours’ or ‘yourself’ in this Privacy Notice is a reference to any of our clients and potential clients as a Data Subject, or a Competent Person in respect of such client and potential client that is incompetent, such as a minor child. Our Privacy Notice will be reviewed from time to time to take account of new obligations and technology, changes to our operations and practices, and to make sure it remains appropriate to the changing environment.

## What kind of Personal Information do we collect?

We collect information necessary to fulfil our obligations to our clients in the course of providing the Services. We may collect the following types of information about you: *Name, address and contact details, date of birth and gender, bank details, education and qualifications, employment details, family details, medical aid details, lifestyle and social circumstances, location data, any other similar information*. On occasion, the following sensitive Personal Information may be obtained: *physical or mental health details, racial or ethnic origin, religious or philosophical beliefs, sexual orientation, genetic data, biometric data*. We will only obtain and process this information with your express consent as set out in terms of the relevant contractual terms.

Much of this information is collected in order to establish and assess the reasons for a referral to us as well as whether we can and should provide the Services to you. If you chose not to provide the information required, we may not be able to provide you with the requested product or service.

If you provide us with any Personal Information relating to a third party (e.g. information of your spouse, children, parents, and/or employees), by submitting such information to us, **you represent to us that you have obtained their consent and/or are a Competent Person in respect to the provision of such Personal Information**.

The main activities of Bellavista School and Bellavista S.E.E.K. are the provision of special needs education (including assessment, teaching and learning, and therapeutic intervention. In this respect, by submitting Personal Information (including sensitive personal information) to Bellavista School, you expressly provide your informed consent for the collection, processing and storage of such minor child’s Personal Information in respect of such minor child and confirm that you are duly authorised to do so as a Competent Person.

## How is the Personal Information obtained?

We obtain this information in a number of ways, for example through the provision of intake assessments, interviews with you, relevant and related educators, relevant and related health care professionals, family members, questionnaires, reports etc. as well as from information provided in the course of ongoing services and communication. Additionally, we may obtain Personal Information about you through your use of our websites, apps, or using cookies on our websites, in particular by recording your activity and which pages you look at on our websites (please see below on Cookies).

We may record any communications with you including electronic (including video conference), by telephone, in person or otherwise, which will constitute evidence of the communications between us. This information is collected in compliance with our regulatory duties in relation to our record keeping obligations. It may or may not be retrievable. Such conversations may be recorded without the use of a warning tone or any other further notice. Further, if you visit any of our offices or premises, we may have CCTV, which may record your image and conversations which you acknowledge, understand and accept.

### **What Lawful Basis do we rely on?**

We may be required to collect and use certain types of Personal Information to comply with the requirements of the law and/or regulations, however we are committed to processing all personal information in accordance with POPIA and any other relevant data protection laws and codes of conduct (herein collectively referred to as “the data protection laws”) which are applicable to Bellavista School and its business.

The data protection laws allow us to only process your data for certain reasons:

- to perform a contract that we are party to;
- to carry out legally required duties;
- for us to carry out our legitimate interests;
- where we obtain your consent;
- to protect your interests; and
- where something is done in the public interest.

All the processing carried out by us falls into the permitted reasons, for example; our use of your personal information in order to comply with our obligations under contract. This includes where a contract is not yet signed but you have requested us to take action as a first step (e.g. provide details of our services).

### **Consent**

Where our use of your personal information requires consent, such consent will be provided explicitly by you as set out herein, in the Terms & Conditions entered into by you with Bellavista School or as otherwise provided or procured.

If we rely on your consent as our legal basis for processing your personal information, you then have the right to withdraw that consent at any time by contacting us using the contact details set out in this Privacy Notice; however, the withdrawal of consent may be limited by law or contract or subject to the completing of a relevant service or other similar and related activity. Withdrawal of consent will likely necessitate the termination of services.

We use **WhatsApp** for communication, which has embedded **end-to-end encryption** that ensures only the persons you're communicating with can read or listen to what is sent, and nobody in between, not even WhatsApp. We use **Google Workspace** (formerly “GSuite”) which is designed to meet stringent privacy and security standards based on industry best practices. We also utilise **Microsoft Teams** and **Zoom**. Further information can be provided on request or researched via their respective websites. You consent to us processing personal information via these channels as well as telephonic communication.

### **What do we do with the personal information we obtain?**

We may use information held about you in the following ways:

- to provide you with any services and/or information you request from us (which includes carrying out any obligations arising from any contracts entered into between you and us);
- to notify you about changes to our services;
- to provide you with information by post, email, telephone or otherwise about products and services of a similar nature to those you have previously purchased or expressed an interest in which are offered Bellavista School and which we think may be of interest to you. You have the right to ask us not to process your personal information for marketing purposes. You can exercise your right to prevent such processing by contacting us by phone or email using the details in the ‘Contact us’ section below. You can unsubscribe from emails by following the unsubscribe instructions included in every email; alternatively, on request to the Information Officer.
- to administer our sites and for internal operations, including troubleshooting, data analysis, load management, testing, research, statistical and survey purposes;
- to improve our sites to ensure that content is presented in the most effective manner for you and for your device;

- to measure or understand the effectiveness of content we serve to you and others, and to deliver relevant content to you;
- for the purposes of providing services such as 'most popular' information on our site;
- to deliver targeted advertisements to you and others as you browse the internet;
- to obtain your feedback on a product, service or our sites via a third party appointed by us;
- to allow you to participate in interactive features of our sites, when you choose to do so; and
- as part of our efforts to keep our sites safe and secure.

### **Disclosure of your personal information**

We may share the Personal Information we hold about you across Bellavista School to enable us to better understand your needs and run your accounts in the efficient way that you expect. Your Personal Information may also be used for customer modelling, statistical and trend analysis, with the aim of developing and improving our products and services.

We will never sell, trade, or rent your Personal Information to others; however, we may share your information with selected third parties including:

- our service providers, suppliers and sub-contractors for the performance of any contract we have entered into with them. They may then process this data on our behalf to help run some of our internal business operations, for example IT services.
- governmental or judicial bodies or agencies to comply with our legal and regulatory obligations;
- non-affiliated companies may sometimes be used to provide certain services such as preparing and mailing reports, account statements and other information, conducting research on client satisfaction;
- advertisers and advertising networks that require the data to select and serve adverts about our services to you and others. It will only be passed to third party advertisers in order to provide services on behalf of Bellavista School.
- data, service and software providers that assist us in the improvement and optimisation of our sites;

Where we share your data with third parties we ensure that your data is held securely and in line with applicable legislation.

### **How we store Personal Information**

Safeguarding the privacy of your information is important to us, whether you interact with us personally, by phone, by mail, over the internet or any other electronic medium.

We hold Personal Information in a combination of secure computer storage facilities and paper-based files and other records and take steps to protect the Personal Information we hold from misuse, loss, unauthorised access, modification or disclosure.

When we consider that Personal Information is no longer needed, we will remove any details that will identify you or we will securely destroy the records. However, we may need to maintain records for a significant period of time in line with our regulatory obligations.

If we hold any Personal Information in the form of a recorded communication, by telephone, electronic, in person or otherwise in relation to our regulatory obligations as detailed above, this information will be held in line with local regulatory requirements which will generally be until the minor child turns twenty-one years old.

Where you have opted out of receiving marketing communication we will hold your details on our suppression list so that we know you do not want to receive these communications.

The Retention of Documents Policy contains further information on this and is available on request.

### **Management and Safeguarding of Personal Information**

We always take appropriate technical and organisational measures to ensure that your information is secure. In particular, we train our employees who handle Personal Information to respect the confidentiality of customer information and the privacy of individuals. We regard breaches of your privacy very seriously and will impose appropriate penalties, including dismissal where necessary. We have appointed an Information Officer to ensure that

our management of Personal Information is in accordance with this Privacy Notice, applicable policies, and the applicable legislation.

The internet is an open medium and we cannot guarantee that any information you send to us by email or via our sites will not be intercepted or tampered with; any transmission is **at your own risk**. Once we have received your information, we will use appropriate procedures and security features to prevent unauthorised access.

### **Your rights as a data subject**

The data protection laws give you certain rights in relation to the data we hold on you. These are:

- **the right to be notified.** This means that we must tell you how we use your Personal Information, and this is the purpose of this Privacy Notice;
- **the right of access.** You have the right to access the Personal Information that we hold on you. To do so, you should make a subject access request;
- **the right for any inaccuracies to be corrected.** If any Personal Information that we hold about you is incomplete or inaccurate, you are able to require us to correct it;
- **the right to have information deleted.** If you would like us to stop processing your Personal Information, you have the right to ask us to delete it from our systems where you believe there is no reason for us to continue processing it;
- **the right to restrict the processing** of the Personal Information. For example, if you believe the Personal Information we hold is incorrect, we will stop processing it (whilst still holding it) until we have ensured that it is correct;
- **the right to portability.** You may transfer the Personal Information that we hold on you for your own purposes;
- **the right to object to the inclusion of any information.** You have the right to object to the way we use your Personal Information where we are using it for our legitimate interests;
- **the right to regulate any automated decision-making and profiling** of Personal Information. You have a right not to be subject to automated decision making in way that adversely affects your legal rights.

Where you have provided consent to our use of your Personal Information, you also have the unrestricted right to withdraw that consent at any time subject to contractual obligations. Withdrawing your consent means that we will stop processing the Personal Information that you had previously given us consent to use. There will be no consequences for withdrawing your consent; however, in some cases, we may continue to store and use the Personal Information where so permitted by having a legitimate reason for doing so or where required by law, regulation or by any other competent authorities. We may also not be able to continue our services to you.

You can read more about these rights within section 5 of POPIA.

### **Transfers of Personal Information outside of South Africa**

Your data may be transferred to, stored at, and processed at a destination outside of South Africa by our service providers (eg. Google Workspace and WhatsApp). By submitting your Personal Information, **you agree to this transfer, storing or processing**. We will take all steps reasonably necessary to ensure that your data is treated securely and in accordance with applicable legislation or other relevant and appropriate laws.

### **Links to external websites**

Our sites may, from time to time, contain links to and from the websites of our partner networks, advertisers and affiliates. If you follow a link to any of these websites, please note that these websites have their own privacy policies and that we do not accept any responsibility or liability for these policies or how such websites collect and use your data. Please check these policies before you submit any Personal Information to these websites.

### **Access to Personal Information about you**

You have the right to request a copy of the Personal Information we hold about you. If you would like a copy of some or all of this information you may contact us as follows:

#### **Information officer contact details**

Email address: [secretary@bellavistaschool.co.za](mailto:secretary@bellavistaschool.co.za)

Telephone number/s: 011 788 5454

**Bellavista School's details**

Physical address: 35 Wingfield Avenue, Birdhaven, Johannesburg

Email address: [secretary@bellavistaschool.co.za](mailto:secretary@bellavistaschool.co.za)

Contact telephone number/s: 0117885454

If any of the information we hold is inaccurate, you can ask us to make any necessary amendments.

**Updates to the Privacy Notice**

We reserve the right to update this Notice to reflect any legal changes or changes to the way in which we process your Personal Information. The updated Notice will be delivered to you electronically to the details we hold on file and/or published on our website and it will come into effect at the time of publication generally.

**Contact Us**

If you have any queries regarding privacy issues or the content of this Privacy Notice, you can email us using the contact details provided above.

**What if you have a complaint?**

If you have a concern about any aspect of our privacy practices, you can make a complaint. This will be acted upon promptly. To make a complaint, please contact us via one of the methods set above. **You undertake to first make a good faith attempt to resolve the same with Bellavista School.** If you are not first satisfied with our response to your complaint, you have the right to then lodge a complaint with our supervisory authority, the Information Regulator. You can find details about how to do this on their website:

[Home | InfoRegSA](#).