

**WALL PRIMARY SCHOOL**  
**NEW STUDENT INFORMATION SHEET**

**Child's Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name(s) to which your child responds:** \_\_\_\_\_

**Present Age:** \_\_\_\_\_ **Years:** \_\_\_\_\_ **Months:** \_\_\_\_\_

**List all the members of the household and their relationship to the child:**

Name	Age	Relationship

**Has your child been in a controlled group situation? (ie -Nursery or Sunday School)**

- Yes - Full Time (4+ days, 3+ hrs per day)       Yes - Part Time       Not at all

**By your observation of your child in a group situation, would you determine he/she is:**

- Quiet & reserved       Active & engaged       Varied       No experience w/groups

**Does your child have playmates? If yes, please list ages and briefly describe the relationship.**

\_\_\_\_\_

**What types of activity does your child enjoy most?**

\_\_\_\_\_

**Does your child care for his/her needs? (Dressing, toilet needs, eating, etc.)**

\_\_\_\_\_

Does your child care for his/her possessions?

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**Please check if your child is able to manage:**

- Buttons                       Shoe laces                       Zippers                       Coat hangers

**Please check which of the following materials your child has used:**

- Scissors                       Paints                       Finger Paint                       Jump Rope  
 Crayons                       Clay                       Paste                       Balls

**Please check which best applies to your child:**

- Right Hand Dominant       Left Hand Dominant       Both                       Not sure

What are your child's best qualities? (Please elaborate)

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In what area(s) would you hope to see the most improvement?

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Is your child's speech clear? \_\_\_\_\_ Does your child use full sentences? \_\_\_\_\_

Are certain sounds difficult for your child? If yes, please list:

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Please list any concerns or questions that need further discussion.

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