

International School of Stavanger

Early Childhood Growth & Development Form

Maternelle, Pre-School, Kindergarten and Grade 1 Applicants

Learning. Well-being. Community.



ISS provides an internationally-accredited, engaging and challenging English-language education in a supportive, multi-cultural environment where students have the opportunity to fulfill their potential. Our vision is to inspire a community of responsible, globally-engaged, empowered learners.

General Information

This form is to be completed by a **parent or guardian**. All information is treated confidentially by ISS staff.

Child's Last Name: _____ First Name: _____ Name in School: _____

Form completed by: Mother Father Other: _____

What are your child's strengths and interests? _____

How does your child feel about school? _____

Medical History

Were there any complications during the pregnancy or birth of your child? If yes, please explain:

Did your child experience any significant medical difficulties (e.g., seizures, surgery, hospitalization, head injury, asthma, tonsils-adenoids removal, high temperatures)? _____

If your child has been seen by other specialists (such as special educators, psychologists, neurologists, speech-language therapists), please list the name of the specialist, dates seen and medical conclusions or suggestions made. Also, please provide any relevant medical diagnoses, testing or therapy reports. Enclose more as needed.

Have you ever been concerned about your child's hearing? Yes No

Has your child ever suffered from frequent or long-lasting ear infections? Yes No

Has your child's hearing ever been tested? Yes No

If "yes" to any of the questions above, please elaborate on the dates and results of the hearing tests:

Language and Development

Please estimate how old your child was when he/she...

Said first word:

Started walking:

Became toilet trained:

Started combining words:

Fed self (with spoon):

Dressed self (not tying shoes):

Early Childhood Growth & Development Form contd.

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What percentage of your child's speech do you usually understand?

- 0-25% 25-50% 50-75% 75-100%

What percentage of your child's speech do strangers usually understand?

- 0-25% 25-50% 50-75% 75-100%

Is there any family history of speech, hearing or language difficulties? If so, please explain: _____

Do you have any concerns about your child's speech, language or academic skills? If so, briefly explain, noting when you first noticed the issue and if it has changed since then.

Behavior and Social Skills

Is your child sensitive to any of the following (check all that apply)?

- Light Loud noises Textures of clothing Textures of food Tastes Smells

Does your child have difficulty sleeping at night? Yes No

Is your child able to sustain attention for age-appropriate lengths of time?

- Never Sometimes Often Always

Does your child look at the person to whom he/she is speaking?

- Never Sometimes Often Always

Does your child join groups, games and conversations with familiar people?

- Never Sometimes Often Always

Describe how your child functions...

One-on-one: _____

In a group of children: _____

What particular strategies help your child be successful in school and at home? _____

Please add any additional information you think would be helpful for ISS in best meeting your child's needs:

Signature: _____ Date: ____/____/____