MULBARTON REMEDIAL SCHOOL
34 Kirby Beller Road, Mulbarton
Tel: 011 432 6272 Principal: 082 567 2919
Email: info@mulbartonremedial.co.za

# PROSPECTIVE LEARNER'S CASE HISTORY

**PLEASE NOTE DOCUMENTS REQUIRED**

Child's full names: _____

Child's date of birth: _____ Boy/Girl

Current school: _____ Gr: _____

School's phone no: _____ Teacher: _____

How many schools has your child attended since starting Gr. 1? _____

Which grades has your child repeated? _____

**Residential address:** _____

_____

_____ Code _____

**Parent's names:**

Father: _____ Mother: _____

ID no: _____ ID no: _____

Phone: _____ Phone: _____

Occupation: _____ Occupation: _____

Marital status: _____ (Married/Divorced/Separated/Living tog etc)

Home language: _____

Names and ages of children in family: _____

_____

_____

_____

_____

**Home Circumstances:**

If parents' are Divorced or Separated, who does your child live with and where?

_____

_____

People who stay with the family: _____

_____

**Background concerning your child:**

Any birth problems? _____ If yes, please elaborate: _____

_____

_____

Developmental milestones (eg: sitting, walking, talking): early / normal / late

_____

_____

Medical history (illnesses/operations):

_____

_____

_____

_____

_____

Allergies: _____

Current medication: _____

_____

How often taken? _____

How long has your child been on this medication? _____

_____

Prescribing Doctor and Contact Details: _____

_____

Food intolerances/allergies: _____

_____

_____

Foods eaten most often by your child:_____

Does your child need or wear glasses? _____

Does your child have a hearing impairment, gone for a hearing test, or wear a hearing aid? _____

_____

_____

Does your child struggle to concentrate at school? _____

_____

How do you know this? _____

_____

Does/has your child received medication to assist with concentration? _____

If yes, name of medication: _____

Is your child currently on medication for concentration? _____

If yes, what is the dosage and frequency? _____

Outcome of medication, if ever used: _____

_____

_____

Has your child been assessed by a psychologist? _____

Date of last assessment: _____

Has your child ever had speech therapy? _____

Outcome of speech therapy: _____

_____

Has your child ever received occupational/play therapy? _____

Outcome of therapy: _____

_____

Is your child aggressive? _____

_____

What educational support in the form of extra / remedial lessons has your child received? _____

_____

_____

Outcome of this support: _____

_____

**Describe your child's general behaviour:**

At home: _____

_____

At school: _____

_____

**Sleeping patterns:**

Usual bedtime: _____

Does your child fall asleep easily at night? _____

Does your child wake up frequently at night? _____

Does your child wake up and dress quickly in the morning for school? _____

_____

Clothing – any irritants? _____

Any emotional events that have happened that we should know about? _____

_____

_____

What do you believe are your child's greatest challenges currently at school?

_____

_____

_____

_____

_____

What does your child enjoy doing most? _____

_____

_____

_____

Which type of activities does your child like least? _____

_____

_____

_____

Any other information that may be relevant: _____

_____

_____

_____

**To be included with this form:**

1. Most recent school/pre-school report
2. All psychologists' reports
3. Therapy reports: speech, occupational, remedial
4. Road to Health Chart

(Photocopies will be made at the school if necessary)


**34 Kirby Beller Road, Mulbarton**
**Phone: 011 432 6272**
**Email: info@mulbartonremedial.co.za**

## CONFIDENTIAL REPORT – TO BE COMPLETED BY CURRENT TEACHER

Child's full names:

_____

Child's date of birth: _____ Boy/Girl

Current school: _____ Gr: _____

School's phone no: _____

Teacher's name: _____

Years at current school: _____ Years in this grade: _____

Learner's strengths: _____

_____

Areas where support is needed: _____

_____

_____

_____

General behaviour at school: _____

_____

_____

Relationships/Friendships with peers: _____

_____

Other information that may be relevant:_____

_____

_____

Thank you for taking the time to complete this form. Kindly email it directly to the above email address.