Parents Questionnaire – Primary school

We request that you fill out this questionnaire as completely as possible and bring it along to the examination. Thank you very much.

1. Your general details

Name: _____

Relationship to the child: _____

Telephone: _____ ☐ preferred contact

Mobile: _____ ☐ preferred contact

E-mail: _____ ☐ preferred contact

2. Child´s general details

Name and day of birth of child: _____

GP: _____

Country of birth mother: _____

Country of birth father: _____

Length (biological) mother: _____ cm; Length (biological) father: _____ cm

3. Family composition

Relationship to child (father/mother /caretaker)	Initial	Last Name	Date and place of birth	Profession	Health (good / acceptable/ not so good / bad)

Relationship to child (brother/sister)	First Name	Last Name	Date and place of birth	Particular details

GGD Brabant-Zuidoost treats your personal information with the utmost care according to all legal privacy regulations.

Health

4. Are you happy with your child`s (current) health?

☐ yes
☐ no

5. Are you worried about behaviour and development of your child?

☐ yes
☐ no

Explanation:

6. Do you want to discuss this concern in the presence of your child?

☐ yes
☐ no

7. Has there been an important change in the life of your child, that might (still) bother it? (such as a move, divorce, birth/adoption, sick parent, death)

☐ yes
☐ no

Explanation:

8. Does your child (almost) daily take care of someone in the family? (like a sick parent or brother/sister?)

☐ yes
☐ no

Explanation:

9. Is your child suffering from a diagnosed learning-, developmental-, or behavioural disorder? (like ADHD, autistic spectrum disorder)

☐ yes
☐ no

Explanation:

10. Is your child under supervision of youth care assistance (Bureau Jeugdzorg-BJZ) / psychological health care (geestelijke gezondheidszorg-GGZ)/ psychologist / social assistance / school counselling service?

☐ yes
☐ no

Explanation:

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11. Is your child currently in speech therapy or was it in any speech therapy in the past

☐ yes
☐ no

12. Do you have any concerns and/or questions on your child´s speech, language of use of its voice?

☐ yes
☐ no

Explanation:

13. Is your child toilet-trained?

☐ yes, during the day
☐ yes, during the night
☐ no

14. Was your child supervised, treated or hospitalised during the past year for any illnesses, accidents or complaints? (such as eczema, asthma, tubes, tonsils, diabetes, epilepsy, bronchitis, bed-wetting, broken arm/leg)

☐ yes
☐ no

Explanation (when, why, where):

15. Does your child currently use any medication?

☐ yes
☐ no

Explanation

16. Do you still have any further points of interest concerning: length/weight, eyes/ears, motion/posture or any other issues concerning the physical development of your child? (also consider any hereditary matters)

☐ yes
☐ no

Explanation:

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Lifestyle

17. Does your child have healthy eating- and drinking habits? (like a daily breakfast, sufficient vegetables and fruit)

- ☐ yes
- ☐ no

18. Does your child drink any alcohol? (only for children in groups 7/8)

- ☐ yes
- ☐ no

19. Does your child have a healthy sleeping pattern?

- ☐ yes
- ☐ no

20. Does your child get enough exercise during his/her spare time?

- ☐ yes
- ☐ no

21. Is your child member of a sports club and/or is he/she taking swimming lessons?

- ☐ yes, swimming lessons
- ☐ yes, member of a sports club
- ☐ no

22. Does your child have a swimming certificate?

- ☐ yes
- ☐ no

23. Do you have any concerns about his/her leisure activities? (such as watching television, using computer or playing electronic games)

- ☐ yes
- ☐ no

Explanation:

My child ...

24. Is able to adequately stand up for him/herself

☐ yes
☐ no

25. Is having problems at school, such as learning, harassment, social contacts

☐ yes
☐ no

26. Stays home from school regularly

☐ yes
☐ no

Questions / Concerns / Remarks

27. Do you have any questions on the education of your child? (for instance on "bad" responsive behaviour in group 2/3 or on beginning of puberty in group 7/8)

☐ yes
☐ no

Explanation:

28. Do you have any additional remarks or questions?

☐ yes
☐ no

Explanation:

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Permission

29. It is the intention, that the results of the examination, which are important for the well-being and well-functioning of your child in school, are being discussed with the teacher. You will be informed prior to this. Do we have your permission?

☐ yes
☐ no

30. In case of a move, the youth health care file will normally be forwarded to the appropriate GGD, Department JGZ (youth health care department). Do we have your permission?

☐ yes
☐ no

Thank you very much for taking the time to complete this questionnaire.

Date _____

Signature _____

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