



Student Questionnaire Form (by guardian)

- Answer the questions below in full details.
- Include supporting information IEP/modified/special programs, and any Psychological or Psychoeducational Assessment Reports.
- This information will be used to gauge if the school has the necessary resources and support personnel should registration be granted.
- This information will remain in your child's folder and be available to his/her teachers at AIS.

Do you have any concerns about your child's ability to learn? If yes, please provide details below.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has your child previously needed a full-time or part time individual learning assistant (shadow teacher)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has your child ever had an IEP (Individual Education Plan) or similar? If yes, it is mandatory to provide a copy of the IEP report.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has your child ever been identified/tested/evaluated for any possible learning disabilities by a psychologist? If yes, it is mandatory to provide a relevant report.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has your child ever repeated a Grade? If yes, which grade?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has your child ever been suspended or expelled from school? If yes, please provide details to the admissions office.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has your child ever been identified, tested or evaluated as Gifted or Talented? If yes, please provide details to the admissions office.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Do you notice any of the following in your child?

Behavior	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Poor concentration
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Easily distracted
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Slow to complete work
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Impulsive (does not stop to think before acting)
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Unable to always follow directions
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Unusually high or low level activity
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Difficulty with change in routines
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Difficulty organizing materials and possessions
Intellectual	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Difficulties processing / comprehending information
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Language difficulties
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Difficulties with memory
Social / Emotional	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Difficulty relating to peers
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Difficulties with anger and conflict
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Inability to cooperate / share
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Insensitivity towards others
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Problems with self-esteem



Physical Difficulties	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Fine motor skills
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Gross motor skills
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Hearing
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Sight
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Speech

Has your child ever received support from one of the following?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Learning Support Teacher
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Special Needs Teacher
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	ESL Teacher
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Counsellor
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Occupational Therapist
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Speech Pathologist
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Psychologist
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Psychiatrist

Has your child ever had a diagnosis of?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Autism or Asperger's Syndrome
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	ADHD / ADD
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Language or Developmental Delay
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Reading, Writing or Mathematics Disability
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Learning Difficulty
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Physical Disability
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Speech Impairment

Other (please specify):
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Please note that children entering AIS EARLY CHILDHOOD CENTRE must be toilet trained; eat & dress independently.

I confirm that my child entering the Early Childhood Centre is toilet trained, can eat and dress independently. I hereby declare that all the information I have provided is true. I understand and agree that my child's admission to AIS, Aljazari International School, will be reconsidered at any time during the year, if I make a false declaration and/or if I do not meet my obligations.

Name of Parent who completed this form:

Signature:..... Date:.....