



CASE HISTORY

Child's Name and Surname: _____

Date of Birth: ____/____/____

(Day / Month / Year)

Today's Date: ____/____/____

(Day / Month / Year)

Current School: _____

Class / Grade: _____

Home Language(s): _____

From whom / where did you hear about us? _____

Reason for application

Please describe the current problem / challenges, how they have developed and how you hope we can help.

MEDICAL HISTORY

1. PREGNANCY

1.1. Was this a planned baby? _____

1.2. What was the mother's age when pregnant? _____

1.3. What was the duration of the pregnancy? _____

1.4. Were there any complications during pregnancy? _____

(e.g. German Measles, Hepatitis, Toxaemia, Threatened Miscarriage, Persistent Vomiting, Medications, Emotional Problems)

1.5. What was the duration of the labour? _____

1.6. Were there any complications during delivery? _____

If YES, please give details *(e.g. caesarean, need for oxygen/forceps, cord around the neck, etc.)*

1.7. Was the first cry immediate or delayed? _____

1.8. Please give any other relevant birth history:

2. POSTNATAL / INFANCY

2.1. Were there any complications immediately following the birth? (e.g. Jaundice, respiratory problems, need for incubator/oxygen/lights, blood irregularities, floppiness, stiffness etc.)?

2.2. Describe any feeding problems in the first year.

2.3. Were there any adverse reactions to inoculations? _____

2.4. Were there any other problems during infancy? _____

If YES, please give details (e.g. restlessness, lethargic baby, severe colic, constant screaming, sleep disorders, etc.)

2.5. Were there any changes or a constant figure?

3. EARLY CHILDHOOD

3.1. Please give details of any childhood illnesses. (e.g. Measles, Mumps, Chicken Pox, Encephalitis, Rheumatic Fever, Scarlet Fever, Meningitis, severe headaches, Asthma, eye/ear problems, etc.)

3.2. Please give details of any high fevers, seizures or convulsions your child may have had.

4. TEST RESULTS AND CURRENT MEDICAL HISTORY

4.1. EEG:

Place: _____ Date: ____/____/____

Results: _____

Is your child on any medication with regard to this? _____

4.2. Eye Test

Tester: _____ Date: ____/____/____

Results: _____

4.3. Hearing Test

Tester: _____ Date: ____/____/____

Results: _____

4.4. Has your child ever been hospitalized (details, length of stay?)

4.5. Has your child undergone any surgical procedures (details, dates)?

5. ALLERGIES

5.1. Please list any allergies your child may have:

5.2. Is your child on any medication at present? Please give details:

6. FAMILY MEDICAL HISTORY

Please describe any medical, emotional or scholastic problems either in the immediate or extended family (grandparents, aunts, uncles, cousins, etc.), which may be relevant (e.g., cognitive challenges, dyslexia, autism, learning barriers, hyperactivity, speech or hearing problems, different ability, epilepsy, substance abuse, etc.).

CHILD'S DEVELOPMENT AND BEHAVIOUR (ONLY if your child is currently under 12 years old)

1. DEVELOPMENT MILESTONES

1.1. Motor Skills - approximate age at which your child mastered these skill

- Sit momentarily alone _____
- Crawl alone _____
- Walk alone _____
- Button own clothes _____
- Lace own shoes _____

1.2. Speech and Language Skills – approximate age at which your child mastered these skills

- Babbled _____
- Said first word _____
- Combined two or more words _____

1.3. Toilet trained _____

2. PRE-SCHOOL BEHAVIOURS

2.1. During early childhood (2 to 5 years) which of the following were true of your child? (*Indicate YES or NO*)

"In another world"		Afraid of heights	
Avoided contact with textures		Bedwetting	
Changeable moods		Didn't respond when called	
Excessively fearful		Followed instructions correctly	
Frequent nightmares		Listened attentively to stories	
Mixed handedness		Much whining / crying	
Severe temper tantrums		Slow in feeding / dressing	
Soiling		Sucked thumb / fingers	
Unintelligible speech		Unusually active	
Unusually angry		Unusually clumsy	
Unusually frustrated			

2.2. Did / does your child struggle with sensory sensitivity? (to food, sounds, specific clothes etc.)

2.3. Were there any other pre-school behaviours you consider relevant? Are any of these still present today? Please list them and explain.

3. PRESENT BEHAVIOUR AND ACTIVITIES

3.1 Please rate your child's characteristics and behaviours with an X.

1 _____	2 _____	3 _____	4 _____	5 _____
Clumsy		Average mobility		Athletic
1 _____	2 _____	3 _____	4 _____	5 _____
Difficulty with pencil tasks		Average mobility		Usually adept with pencil
1 _____	2 _____	3 _____	4 _____	5 _____
Difficulty expressing self verbally		Average expressive language		Unusually expressive
1 _____	2 _____	3 _____	4 _____	5 _____
Withdrawn / Prefers to be alone		Friendly		Very social
1 _____	2 _____	3 _____	4 _____	5 _____
Inattentive, inability to focus		Average ability to focus		Concentrates exceptionally well
1 _____	2 _____	3 _____	4 _____	5 _____
Impulsive, explosive		Average temperament		Calm, even tempered
1 _____	2 _____	3 _____	4 _____	5 _____
Excessively dependent		Average		Overly independent
1 _____	2 _____	3 _____	4 _____	5 _____
Excessively fearful		Has normal fears		Fearless
1 _____	2 _____	3 _____	4 _____	5 _____
Depressed				Extremely cheerful
1 _____	2 _____	3 _____	4 _____	5 _____
Responds well to discipline				Discipline problem

3.2 Are there any other behaviours or traits that are relevant?

3.3 Describe your child's sleep patterns:

3.4 How do you think your child feels about himself/herself in comparison to other children?

3.5 What are your child's interests and hobbies?

4. SCHOOL HISTORY

Class	Year	Age	Name Of School	Comments
Nursery School				
Grade 0				
Grade 1				
Grade 2				
Grade 3				
Grade 4				
Grade 5				
Grade 6				
Grade 7				
Grade 8 and above				

4.1 Please include any problems noted and comments on relationships with peers and with teachers.

4.2 Indicate the medium of instruction (language) for these years and note any changes made (e.g. from first to second language).

4.3 List any other languages spoken in the home and estimate as a percentage the time spent speaking these at home.

First Language: _____%

Second Language: _____%

Third Language: _____%

4.4 Have any of the following comments been made by professionals about your child? (*Indicate YES or NO*)

Finishes work on time _____

Behaviour problem at school _____

Participates in class discussions _____

Last to complete work _____

Completes homework independently _____

4.5 What are your child's favourite subjects?

4.6 What are your child's extramural activities?

5 PREVIOUS THERAPY / ASSESSMENTS

Assessment	Dates	Name of Professional	Results / Recommendations
IQ. Assessment			
Play / Psychotherapy			
Academic Assessment			
Remedial Therapy Assessment			
Speech / Language Assessment			
Occupational Therapy/Assessment			
Physiotherapy Assessment			
Physiotherapy			
EEG			
Other			

6 FAMILY RELATIONSHIPS

6.1 Describe child's relationships with family members where relevant, note details if there has been a divorce, death, etc., including dates and indicate if the relationship with each is good, fair or poor

Relative	Name	Relevant Details	Good	Fair	Poor
Mother					
Father					
Stepmother					
Stepfather					
Siblings					
Other					
Other					

6.2 Are there any other important relationships (stepsiblings, grandparents, etc.,)? Please describe

6.3 Who is responsible for discipline in the home and how is it done?

6.4 Are there any relevant social or emotional problems within the family unit?

6.5 Describe marital relationships in general.

6.6 Who supervises your child after school?

6.7 Were there any pregnancy / birth / subsequent difficulties with other children?

7 FUTURE PROSPECTS

7.1 Briefly describe your goals for and expectations of your child in the future.

7.2 What do you consider your child's areas of greatest need? What are your expectations of us in assisting him/her to attain these goals?

7.3 Please use this space to add any personal comments you would like to make about your family or your child, comments professionals have made, concerns not yet addressed, trauma, brushes with educational or legal authorities, or any other relevant factors which would be helpful in understanding your child.

7.4 Describe the way in which YOU see your child, in respect of personality traits, strengths and weaknesses.

7.5 **For learners above the age of 12 only.** Describe what vocation / occupation YOU see your child involved in.

7.6 **For learners above the age of 12 only.** Describe what vocation / occupation YOUR CHILD would like to be involved in.

COMPLETED BY: _____ SIGNED: _____ DATE: _____

*In line with **The Protection of Personal Information Act (POPIA)**, Glenoaks will attempt to ensure the confidentiality of personal learner and parent/guardian information. All reasonable measures will be in place to protect personal information. Please note that personal information collected from this application and placement process will be stored electronically (password protected) on email by the principal, head of marketing, bursar, and head of administration. Printed documents will be stored in a secure record storeroom for a period of 2 years, should the child not be enrolled at Glenoaks. The credit check information will be used to perform a TPN credit reference check, run by our bursar, and stored by our bursar electronically and in a securely stored file for a period of 2 years, should the child not be enrolled at Glenoaks. The reason for storage is so that a re-application in this time period will be easier.*

In order for the trial period to be undertaken, the documentation (excluding the credit check information) is read by the teacher/s, therapists and HOD's who are observing the child. The next of kin information is required in the event that they need to be contacted during a trial period. Once enrolled, the information is kept as per our POPIA policy for enrolled learners (including parents/guardians). By submitting your application, you recognise and accept this disclaimer.