Saint Clare
SCHOOL FOR SPECIAL EDUCATION PTE LTD

UEN No. 200712143M

Dear Parent/Guardian of _____,
(Full Name of Student)

STUDENT CASE HISTORY

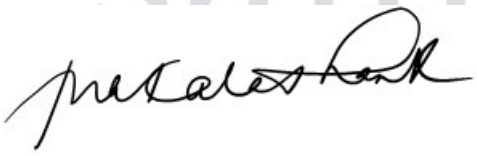
In order to provide a comprehensive evaluation of your child prior to commencement of his/her Immersion Program with Saint Clare School, we request that you fill in the following questionnaire as accurately as possible.

Kindly attach any previous evaluations/reports (not more than 2 years) for our teachers' reference and file records:

Please check ☑:
☐ Therapy Assessment Reports
☐ Educational Reports
☐ Psychological & Medical Evaluations

Thank you.

Yours sincerely,



M Prakalathan Kelaver
Principal

Encl.

To be completed by the Parent/Guardian

CASE HISTORY

Form completed by: _____ Date: _____

Child's Name: _____ Date of Birth: _____

FAMILY HISTORY

Child lives with: ❍ Both Parents ❍ Father ❍ Mother ❍ Other: _____

Name and ages of siblings (if any):

1. _____ Age _____
2. _____ Age _____
3. _____ Age _____
4. _____ Age _____

Has anyone in the family had:

		Relationship to Child
• Autism Spectrum Disorder	❍ Yes ❍ No	_____
• ADD/ADHD	❍ Yes ❍ No	_____
• Learning difficulty	❍ Yes ❍ No	_____
• Intellectual disability	❍ Yes ❍ No	_____
• Genetic disorder	❍ Yes ❍ No	_____
• Speech/Language delay	❍ Yes ❍ No	_____
• Other: _____		

PREGNANCY/BIRTH HISTORY

Was the child born: ❍ Full Term ❍ Premature (_____) weeks

Were there any unusual conditions/problems during the pregnancy or birth? ❍Yes ❍No

If yes, please describe: _____

_____

saint clare
SCHOOL FOR SPECIAL EDUCATION PTE LTD

MEDICAL HISTORY

Please fill out the grid below and include an explanation for any questions answering "Yes". In your explanation, please include the child's age(s) if relevant, any diagnoses made, and any treatments that have occurred.

Item	No	Yes	Description	Explanation
1			Birth defect/genetic disorder	
2			Lung condition/respiratory disorder	
3			Allergies or asthma	
4			Heart condition	
5			Muscle disorder/muscle problems	
6			Skin disorder/skin problems (eczema)	
7			Visual disorder/vision problems	
8			Neurological disorder	
9			Vomiting/digestion problems	
10			Failure to gain weight/feeding problems	
11			Constipation/diarrhoea problems	
12			Hearing Loss	
13			Head injuries or concussions	
14			Others	
15			Seizures (*)	

saint clare
SCHOOL FOR SPECIAL EDUCATION PTE LTD

(*) Additional Information for students with seizures:

1. Frequency of Seizure	
2. Duration of Seizure	
3. Usual Triggers (e.g. Lack of sleep, low blood sugar, stress etc.)	
4. Last time the student had seizure	
5. Is your child currently taking medication to manage the seizure? (If yes, please share the dosage and directions for medication administration)	
6. Any additional information that you would like the class teachers to take note?	

Please list any major medical procedures, including the date(s) and reason(s):

_____

_____

_____

_____

_____

_____

saint clare
SCHOOL FOR SPECIAL EDUCATION PTE LTD

GENERAL DEVELOPMENTAL HISTORY

Please indicate the age when your child first performed each of the following developmental milestones independently. If your child has not achieved the milestone, write NA in the age column. Please also rate your estimation of the quality of your child's skills.

Milestone	Age	Good/Fair	Poor
Sat unsupported			
Crawled			
Babbled			
Said first words			
Said 2–3-word phrases			
Spoke in short sentences			
Buttoned small buttons			
Tied shoes			
Ate unaided with a spoon/fork			
Toilet trained			

FEEDING HISTORY

Please indicate "Yes" or "No" for the following questions:

	Yes	No
Has your child experienced feeding difficulties (e.g. sucking, chewing)? If yes, please explain: _____		
Does your child drool?		
Does your child have any food allergies? If yes, please explain: _____		
Does your child have any food preferences? If yes, please explain: _____		
Does your child have any food aversions? If yes, please explain: _____		

saint clare SCHOOL FOR SPECIAL EDUCATION PTE LTD

SPEECH & LANGUAGE DEVELOPMENT

How does your child communicate most of the time (check all that apply)?

❍ Gestures ❍ Sounds ❍ Single words ❍ 2–3-word phrases ❍ Sentences

❍ Augmentative & Alternative Communication (AAC) Device

❍Other: _____

How many different meaningful words does your child use? ❍ 0-10 ❍ 10-50 ❍ 50+

If your child talks, please list two examples of what your child can say, in his/her own words: _____

_____

	Yes	No	Sometimes
Does your child respond to his/her name?			
Does your child understand what you are saying			
Does your child retrieve/point to objects when asked?			
Does your child follow simple directions?			
Does your child respond correctly to yes/no questions?			
Does your child ask questions?			
Does your child respond correctly to ***wh***- questions?			
Does your child have trouble expressing thoughts?			
Does your child repeat or "echo" others' expressions?			
Does your child have difficulty with certain sounds? If yes, which ones? _____			
Does your child get upset when he/she is not understood?			

saint clare
SCHOOL FOR SPECIAL EDUCATION PTE LTD

You understand what your child says:

❍ All of the time ❍ Most of the time ❍ Some of the time ❍ Rarely

People who don't know your child well understands what your child says:

❍ All of the time ❍ Most of the time ❍ Some of the time ❍ Rarely

Do you have any other concerns about the child's speech/language? If yes, please describe: _____

_____

BEHAVIOURS, INTERESTS AND ACTIVITIES

Please indicate "Yes", "No", or "Sometimes" for the following questions:

	Yes	No	Sometimes
Does your child prefer to play alone?			
Does your child get along well or play well with other children?			
Does your child take turns during play?			
Does your child have difficulty with changes/transitions?			
Does your child frequently and seeming unknowingly put him or herself in potentially dangerous situations?			
Does your child get upset easily?			
Does your child pinch, bite or hurt oneself?			
Does your child bump, push or hurt others?			
Does your child show rigid play behaviours? e.g. Only wants certain play items or only wants to line up items			
Does your child have preoccupation towards a specific object/material?			
Is your child able to describe how he/she is feeling?			
Is your child easily distracted or have difficulty paying attention (i.e. restless or fidgety)?			

saint clare
SCHOOL FOR SPECIAL EDUCATION PTE LTD

Describe your child (check all that apply):

❍ Friendly ❍ Slow to warm up in social contexts ❍ Cooperative ❍ Has strong personal agenda / Strong-willed ❍ Sensitive to changes ❍ No / Low interests in social interactions ❍ Other: _____

What are some of your child's favourite activities and/or toys?

_____

_____

Do you have any other concerns about the child's behaviour? If yes, please describe:

_____

_____

SENSORY PROCESSING

Please indicate "Yes", "No", or "Sometimes" for the following questions:

	Yes	No	Sometimes
Does your child respond negatively to unexpected or loud noises?			
Does your child fail to notice loud noises?			
Does your child seem to like loud noises?			
Does your child have difficulty paying attention when there are other noises around?			
Does your child take appears to not hear what you say (for example, does not "tune-in" to what you say, appears to ignore you?			
Does your child need frequent repetition of instruction?			
Does your child avoid certain tastes or food smells that are typically part of regular diets?			
Does your child crave strong flavours in foods or strong smells?			
Does your child watch people move around a room?			
Is your child easily distracted by visual stimuli?			
Does your child avoid playing with 'messy' things (e.g. finger paint, sand, paste)?			
Is your child irritated by clothing of certain materials?			
Does your child express distress during grooming (e.g. fights or cries during haircutting, face washing, fingernail cutting)?			

saint clare
SCHOOL FOR SPECIAL EDUCATION PTE LTD

	Yes	No	Sometimes
Does your child object to being touched if he/she does not initiate?			
Does your child have an unusually high tolerance for pain?			
Does your child overreact to minor injuries or touch?			
Does your child become anxious or distressed when feet leave the ground?			
Does your child often bump into furniture or fall over?			
Is your child excessively fearful of things that move fast?			
Does your child ride longer or harder on certain playground equipment?			
Does your child enjoy activities that involve jumping, crashing into things and falling?			
Does your child appear to have weak muscles?			
Does your child have poor endurance/tire easily?			
Is your child aware of internal body signals and indicate thirst, hunger and needing to pee/poo?			

MOTOR DEVELOPMENT

Please indicate “Yes”, “No”, or “Sometimes” for the following questions:

	Yes	No	Sometimes
Does your child manipulate small objects (e.g. pinch and rotate buttons, twist knobs on toys)?			
Does your child use pencils, crayons, scissors or paintbrushes?			
Can your child catch a ball?			
Can your child throw a ball?			
Does your child prefer to engage in sedentary activities (e.g. watching TV)?			

saint clare SCHOOL FOR SPECIAL EDUCATION PTE LTD

	Yes	No	Sometimes
Does your child enjoy fine motor activities (e.g. colouring, building with blocks)?			
Does your child enjoy gross motor activities (e.g. swinging, running)?			
Does your child have preoccupation with sections of videos or towards a specific object/material?			
Can your child jump from one spot to another?			

COGNITIVE DEVELOPMENT

Please indicate "Yes", "No", or "Sometimes" for the following questions:

	Yes	No	Sometimes
Does your child pretend to write (scribbles in horizontal lines)?			
Does your child recognize letters of the alphabet?			
Does your child recognize shapes and/or colours?			
Does your child have difficulty in starting a task/activity?			
Does your child perform the same task with either hand (e.g. writing, eating)?			
Does your child have excessive difficulty switching from active to quiet work (e.g. playground to seatwork)?			
Is your child able to complete a task/activity on his/her own?			

saint clare
SCHOOL FOR SPECIAL EDUCATION PTE LTD

When thinking about your child's overall cognitive development, how much help or supervision does he/she require (please check one)?

❍ Almost no help (mostly independent)

❍ Needs help with some skills (needs help less than 50% of the time)

❍ Regular involvement or help (needs help for most skills – more than 50% of the time)

❍ Needs help with all interests and activities (needs constant supervision)

EDUCATIONAL HISTORY

If your child is currently attending daycare/preschool/school, please answer the following:

Name of School: _____ Grade: _____

How many days per week? ❍ 1 ❍ 2 ❍ 3 ❍ 4 ❍ 5 ❍ Half Day ❍ Full Day

Has your child ever repeated a grade? ❍ Yes ❍ No If yes, what grade? _____

Does your child receive any support services at school? If yes, please describe:

_____

_____

THERAPY HISTORY

Has your child received:

Speech Therapy ❍ Yes ❍ No

Name/Location/Contact of Therapist: _____

Year/Duration: _____

Occupational Therapy ❍ Yes ❍ No

Name/Location/Contact of Therapist: _____

Year/Duration: _____

Psychological Services ❍ Yes ❍ No

Name/Location/Contact of Therapist: _____

Year/Duration: _____

saint clare
SCHOOL FOR SPECIAL EDUCATION PTE LTD

Applied Behavioural Analysis (ABA) Therapy ❍ Yes ❍ No

Name/Location/Contact of Therapist: _____

Year/Duration: _____

If others, kindly state:

_____

_____

If your child is taking any medication, please give the name of the medication, describe its purpose and give the date started:

Name of Medicine	Dosage	Directions	Purpose	Date Started

Date of last hearing screening : _____ Results : _____

Date of last vision screening : _____ Results : _____

Video / Photo / School Directory Permission Slip

I, _____ ❍ **do not object** ❍ **object** to a photo or video clip containing a picture of my child, _____, to be included on the Saint Clare School webpage or any other publication associated with the school.

I, _____ ❍ **will allow** ❍ **will not allow** my name, my child's name, address and contact numbers to be published in the Parent Directory. I understand that the Parent Directory is solely for the purpose of facilitating communication between parents.

_____
Signature of Parent
Date:_____