SIGNALLING LIST OF PHYSICAL AND/OR PSYCHO-SOCIAL PROBLEMS

Name child : O boy O girl O X Date of birth :	School: Group: Place of school:
Filled in by: 0 Teacher 0 Ibér : Mail address and working days:	
Date:	

Problem description: ……

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Help request: ……

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Has any form of assistance been provided for the child or family(for example: social work, parenting clinic, youth mental health clinic)? 0 yes 0 no **If yes, what is the name of the assistance?** ……

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	SUBJECT	PROBLEM	SMALL PROBLEM	NO PROBLEM
Functioning in the group	Position in the group	O No place yet / subordinate	O Starting to come	O Position is sufficient
	Contact with peers	O None / hardly any	O Moderate / limited	O Sufficient
	Friends/playing together	O None	O Is more on his own	O Plays with several children
	Adjustment in the group	O Insufficiënt	O Moderate / limited	O Sufficient
	Takes into account the feelings of others	O Not / hardly	O Moderate / limited	O Sufficient
	Thinks before doing	O Not / hardly Insufficiënt	O Moderate / limited	O Sufficient
Self-confidence	Self-confidence	O Insufficiënt	O Moderate	O Sufficient
	Independence	O Insufficiënt	O Varying	O Sufficient
	Endure criticism	O Insufficiënt	O Varying	O Sufficient
	Taking initiative	O None / little	O Varying	O Sufficient
Moral development	Behavior when corrected	O Different	O Varying	O Normal
	Dealing with rules	O Insufficiënt	O Varying	O Sufficient
	Obedience	O Insufficiënt	O Varying	O Sufficient
	Guilt	O Different / absent	O Varying	O Present
	Honesty	O Often unfair	O Varying	O Sufficient
Seks. develo pment.	Focus op sex	O Reinforced	O Varying	O Normal
	Problems with puberty	O Yes	O Sometimes	O No/ not relevant
Specific problems	Fears	O Often fearfull	O Sometimes fearfull	O No problem
	Mobility	O Very	O Sometimes	O Normal
	Concentration	O Often unconcentrated	O Sometimes unconcentrated	O Good concentration
	Aggressivity	O Often present	O Sometimes present	O No problem
	Dreamy / absent-minded	O Often absent	O Sometimes	O Alert
	Mood	O Unbalanced	O Varying	O Balanced
	Schoolresults	O Below level	O Varying	O Sufficient
	School absenteeism	O Yes. Please explain:		O No problem

	SUBJECT	**PROBLEM**	**SMALL PROBLEM**	**NO PROBLEM**
Home situation	Are there problems at home	O Yes, please explain	O Moderate	O No
Posture/ movement	Posture	O Weak	O Moderate	O Good
	Fine Motorics	O Insufficiënt	O Moderate	O Sufficient
	Gross motor skills	O Insufficiënt	O Moderate	O Sufficient
	Condition	O Insufficiënt	O Moderate	O Sufficient
	Strength	O Insufficiënt	O Moderate	O Sufficient
	Agility/flexibility	O Insufficiënt	O Moderate	O Sufficient
Language/speech	Vocabulary	O Insufficiënt	O Moderate	O Sufficient
	Stuttering	O Stutters	O Stutters sometimes	O No problems
	Hoarsenes	O Often	O Sometimes	O Never
	Lisping	O Often	O Sometimes	O Never
	Articulation	O Not good	O Varying	O Good
	Mouth breathing	O Often	O Varying	O Never
Personal Care	Personal Care	O Not Good	O Moderate	O Good
	Fitness / sleep	O Often tired	O Sometimes tired	O Rarely tired
	Hygiene	O Not good	O Moderate	O Good
Senses	Hearing	O Gives problems	O Doubtful	O No problems
	Sight	O Gives problems	O Doubtful	O No problems
Health	Absenteeism	O Often	O Sometimes	O Rarely
	Headache	O Often	O Sometimes	O Rarely
	Stomach complaints	O Often	O Sometimes	O Rarely
	Eating problems	O Often	O Sometimes	O Never
	Problems with toilet training	O Often	O Sometimes	O Never
	Special diseases	O Yes namely:		O None
	Medication	O Yes namely:		O None
	Possible signs of child abuse	O Yes namelly:		O None

➔ **Other comments/ additions**

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➔ **In the context of the Youth health care examination it is necessary that these data have been discussed with the parents.**
(Parents can provide their own explanations and information during the visit to the Youth Health Department. This form is about school observations)

Signature of parent/carer: …… O Mother O Father O other namely:

Date: ……..