

SIGNALLING LIST OF PHYSICAL AND/OR PSYCHO-SOCIAL PROBLEMS

Name child : <input type="radio"/> boy <input type="radio"/> girl <input type="radio"/> X	Date of birth :
School: Group: Place of school:	Teacher/ Ibér : Mail address and working days:
Filled in by: Name and function	

Problem description:

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Help request:

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Has any form of assistance been provided (for example: social work, parenting clinic, youth mental health clinic)?
If yes, what is the name of assistance......

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

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

Mother Father other namely:

Date: