

STELLENBOSCH WALDORF SCHOOL

HIGH SCHOOL CONFIDENTIAL INTERVIEW FORM PLEASE ANSWER ALL QUESTIONS

Surname of child _____ Male/Female _____

Full Names _____ Preferred name _____

Date of Birth _____ Home Language _____ Religion _____

Ethnicity _____ Class applying for _____ as from _____

Marital Status of Parents: single/married/divorced/separated/remarried.

Is the child from this marriage/previous/adopted/other? _____

With whom does the child live? _____

Siblings	Age	School	Class	Teacher
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

FATHER

Surname _____ First Names _____

Residential Address _____

_____ Code _____

Postal Address _____

_____ Code _____

ID No. _____ Tel. (h) _____ Tel. (cell) _____

Details of profession _____

Employed by/own business _____ Tel No. _____

e-mail Address _____

MOTHER

Surname _____ First Names _____

Residential Address _____

_____ Code _____

Postal Address _____

E-mail address _____

ID No. _____ Tel. (h) _____ Tel. (cell) _____

Details of profession _____

Employed by/own business _____ Tel. _____

NAME OF PERSON RESPONSIBLE FOR FEES _____

2. SCHOOL HISTORY

Has the child been at a crèche /nursery school/day mother/ home? _____

_____ At what age _____ for how long _____

Present school _____ Tel. (compulsory to complete) _____

Address _____

Date and standard of entry _____ Teacher _____

Previous schools attended:

School	Year	Standard

Has the child been asked to leave a previous school Yes/No

If yes, state reason _____

Has the child failed any class? Yes/No

Describe the child's specific problems :

3. HISTORY RELATING TO OTHER INTERVENTIONS

a. Has child had an educational or therapeutic assessment? Yes/No If yes: Date _____

By whom _____ Why? _____

Recommendations _____

b. Has child had remedial lessons or therapeutic interventions with any other person(s) _____

For what class/standard _____ How long? _____

Why? _____

c. Describe child's difficulties as you see them _____

d. What do you feel lies behind them? _____

e. What is the child's attitude towards them? _____

f. Would you continue with remedial lessons/therapy if necessary? _____

g. Has child shown signs of or been diagnosed with any of the following conditions: ADD, ADHD, Tourettes Syndrome, OCD, Autistic spectrum disorders? _____

4. DOMESTIC SITUATION

- a. In what environment did the child grow up? _____
- b. Please describe your home atmosphere? _____

- c. Do parents supervise homework? _____ Yes/No
- d. Does child have own bedroom? Yes/No If so with whom does child share with? _____
- e. Sleep: Normal/heavy/restless/sleepwalking/nightmares. Wakes: immediately/ slowly
- f. Mood of awakening _____
- g. Any other comments _____
- h. Has child been separated from parents for any reason? Yes/No For how long? _____
- i. Change of country? _____ Which _____ Age _____ How long _____
- j. Child's regular home tasks _____
- k. Special abilities, hobbies, interests etc. _____
- l. Time child goes to bed During week _____ Weekends _____

5. PRE-NATAL AND BIRTH HISTORY

- a. Pregnancy: Was it planned and expected pregnancy? Yes/No
Air Flights during pregnancy? Yes/No Which months _____
- b. Health during pregnancy? Illness/infections/prolonged morning sickness
Describe _____
- c. Birth: Full term/premature/slow/quick Birth weight _____
Labour: induced/epidural/caesarean Why? _____
Type of birth: normal/breech/forceps _____
Complications? Describe _____
At birth baby: cried immediately/delayed crying/difficulty in breathing/jaundice/blood transfusion/incubation
Any Other comments _____
- d. Feeding: how long? Breast _____ Bottle _____
Solids: when _____ Meat? When _____ Egg: when _____
- e. Please describe as a baby: happy/content/difficult/colicky _____
- f. General feeling towards baby at birth? _____
Postnatal depression or other problems? Describe _____
- g. Vaccinations: Please list which at what age: _____
- h. Air flights after birth – what age, how often and destination _____
_____ Any discomfort? e.g. crying _____

6. DEVELOPMENT

- a. When did child first: Sit _____ Crawl _____
- b. Did you use a: table carrier: Yes/No. How often _____
Walking ring: Yes/No. How often _____
Jolly Jumper Yes/No. How often _____
- c. Would describe child as clumsy? Yes/ No When _____
- d. Would you describe your child as hyperactive? Yes/No/Sometimes
- e. Were teeth late to appear? Yes/No. When _____
- f. Age of: bladder control _____ bowel control _____
- g. Ages of the first words _____ Full sentences _____
- h. Has child had ear trouble? _____ Hearing loss _____
Difficulty in clarity/lisp/stutter/stammer/difficulty with any sound? Describe _____

- i. Has the child had any eye problem? Specify _____

7. HEALTH

- a. Has child been to specialist/psychologist/psychiatrist/other? _____
At what age? _____ Why _____
- b. Treatment/ medication _____
- c. Is the child still under medication? _____
- d. Operations? _____
- e. Any injuries or accidents involving head /eye/spine? _____
- f. Specify serious falls. _____
- g. Any other traumatic experiences? _____
- h. Childhood and other diseases: mumps/measles/meningitis/encephalitis/aids/hepatitis etc.
Age? _____ Medication _____
- i. Chronic illness? Frequent colds/asthma/allergies/bronchitis etc _____

- j. Has child had any convulsions/ seizures? Yes/No. Type _____
Was this controlled by medication? Yes/No. When was the first seizure? _____
- k. Does child become feverish quickly? Yes/No Reason _____

- l. Is child prone to headaches? Yes/ No How often _____
- m. What is the condition of teeth? _____
 Tonsils? _____ Adenoids _____
- n. Present eating habits: appetite- eager/faddy/disinterested/overeater
- Does child ever have stomach ache? Yes/No _____
- Does child chew food well? Yes/No _____
- Digestive disorders? Please describe _____
- Does child have strong food preferences: salty/sweet/sour? _____

8. SENSORY SYSTEM

- a. Does child seem to lack normal awareness of being touched? Yes/No
- b. Does child seem overly sensitive to being touched/held or cuddled Yes/No
- c. Does child pay attention to what is being said to him/her? Yes/No
- d. Is child easily distracted by sound? Yes/No
- e. Does child talk excessively? Yes/No
- f. Can child follow through instructions? Yes/No
- g. Handedness; Hand – L/R; Foot – L/R; Eye – L/R; Ear – L/R

9. BEHAVIOUR

- a. Is there any tension related behavior, such as nail biting/tongue showing/excessive blinking/rubbing of the eye/tantrums etc?

- b. Is child excessively shy/aggressive/restless/moody? _____
- c. Does child have friends? Many/few? _____
- d. Does child tend to play with children of the same age? Yes/No?
- e. Has child had any traumatic incidences? Specify _____

HOMEWORK SURVEY

- 1. Does child have his/her own desk or work space? _____
- 2. Is this space separate from the rest of the household? _____
- 3. Is this space quiet and free from disruption? _____
- 4. Is your child self motivated to do homework? _____
- 5. Does any adult supervise a set homework session? _____ Name: _____
- 6. Is anyone available at home to help with homework if necessary? Name: _____
- 7. Is your child generally able to do the homework without help? _____
- 8. Are there any areas in which there is no help for homework (eg. Maths)? _____
- 9. Do you have access to a library? _____ Internet information? _____

OTHER EXTRA MURAL ACTIVITIES

List extra-mural activities with approximate number of hours spent on each activity per week:

Activity	Number of hours
_____	_____
_____	_____
_____	_____

Does your child need to be absent from school for any of these? If so, how often per year?

ABSENCE FROM SCHOOL

- 1. Is your child regularly absent from school? Yes/no _____
- 2. Give the approximate frequency, and reasons for absence. _____

SUBSTANCE ABUSE AND OTHER

Has your child been found abusing substances by yourself or others? _____
Give details _____

Has your child been warned or arrested for any misdemeanor? _____
Give details _____

Do you agree to drug testing should the need arise? _____

ELECTRONIC SURVEY

1. Does your child watch TV? _____ How many hours during the week? _____

How many hours over weekends? _____

Which programmes? List _____

2. Does your child listen to music? _____ List what type of music? _____

Does she/he have his/her own music centre? _____ How long is it used per day? _____

Does she/he have an Ipod or MP3/MP4 player? _____ How many hours per day is it used? _____

3. Does your child have any gaming devices or play video games? _____

How many hours per week? _____ Which games. List _____

4. Does your child have his/her own cell phone? _____ Is it Internet enabled? _____

Does your child use a cell phone social network (e.g. MIXIT)? _____

How many hours per day is it used? _____

Do you have access to his /her profile? _____

5. Does your child have Internet access? _____ What type of line? _____

Does your child use social networks (e.g. Facebook)? _____

How many hours per day are spent on this? _____

Do you have access to your child's profile? _____

6. Does your child watch YouTube? _____ (1) How many hours per day? _____

(2) Which games? List _____

7. Does your child play network games? _____ (1) How many hours per day? _____

(2) Which games? List _____

How many hours per week does he/she spend on this? _____

8. What other sites does your child visit? Give details. _____

9. Does your child watch videos/DVD's? _____ List the type of videos _____

How many hours per week are spent watching videos/DVD's? _____

10. Is the computer used for any other reasons? List _____

RELATIONSHIP TO WALDORF EDUCATION

- 1. Has your child been in a Waldorf school before?_____ Where? _____
- 2. How knowledgeable are you about Waldorf Education: Nothing/ a little/ rumour / a lot
- 3. What aspect of Waldorf school has attracted you to it?_____
- _____
- 4. Where did you find out about Waldorf Education? _____
- _____
- 5. A Waldorf School is a community school, and parents are expected to be involved as much as possible.
Are you prepared to be involved as a parent? _____
- _____
- 6. List any skills that may be of value to the school and that you are prepared to offer.
- _____
- _____
- _____

TEACHER'S NOTES AND COMMENTS

Blank area for teacher's notes and comments.