

Brief History of Child

- 1. Has the child ever been tested for learning, behavioural , emotional or physical ability? YES / NO
If yes then please describe _____
- 2. Has your child ever been evaluated with psychiatrist, psychologist, speech/language therapist or other specialist?
YES / NO
If yes then which specialist? _____
- 3. Has your child ever repeated or skipped the grade in school? YES / NO
If yes then which grade? _____
- 4. Does your child has any allergies-?: YES / NO
If yes then specify _____
- 5. Any special Learning needs ? (Please state in detail. This information will help us in assisting your child.) _____
- 7. Parent's Note if any: _____

Declaration:

The undersigned certifies that all the information given above is correct and if wrong then I would be held responsible for the same.

Signature _____ Name _____ Date _____

FOR OFFICE USE ONLY

Child interviewed by (if applicable) : _____

CLT paper checked by (if applicable) : _____

Admission recommended for grade : _____

Signature _____ Date _____
