# Intake Individual assessment

Form for parents and/or guardians.

## Data child

|  |  |
| --- | --- |
| First name |  |
| Surname |  |
| Date of birth |  |
| Gender | [ ]  Boy [ ]  Girl |
| Country of birth |  |

### If relevant

|  |  |
| --- | --- |
| Since when (date) has your child been in the Netherlandsetherlands? |  |
| Where did your child live before coming to the Netherlands? |  |
| What language do you speak at home with your child? |  |

|  |  |
| --- | --- |
| Has your child been assessed or treated before? |  |
| At which institution? |  |
| Reason for assessment/ treatment? |  |
| Result |  |

Do you grant HCO permission to request information from this institution?

If yes, please fill in and sign the consent form.

### Family

|  |  |
| --- | --- |
| With whom does your child live? |  |
| How many brothers does your child have? |  |
| What are their ages? |  |
| How many sisters does your child have? |  |
| What are their ages? |  |
| Name parent/guardian 1 |  |
| Occupation parent/guardian 1 |  |
| Parental authority? | [ ]  Yes [ ]  No |
| Name parent/guardian 2 |  |
| Occupation parent/guardian 2 |  |
| Parental authority? | [ ]  Yes [ ]  No |

## Reason for referral

Why has your child been referred?

*Consider learning development, work attitude, social-emotional, behaviour etc*

|  |
| --- |
|  |

Why has your child been referred now?

|  |
| --- |
|  |

What is your main question?

|  |
| --- |
|  |

## What are your wishes and expectations for the assessment?

|  |
| --- |
|  |

## What are your expectations of the HCO advisor?

|  |
| --- |
|  |

## What are according to you possible explanations for the problems observed?

|  |
| --- |
|  |

## Concerns and strengths

What are your concerns?

|  |
| --- |
|  |

What are the strengths and positive aspects of your child?

|  |
| --- |
|  |

What are the strengths and positive aspects of the school?

|  |
| --- |
|  |

What do you consider strengths and positive aspects in the home situation?

|  |
| --- |
|  |

Does your child like going to school? Why/why not?

|  |
| --- |
|  |

What does your child tell you about school?

|  |
| --- |
|  |

## Measures taken and their effect to date

What do you do at home to help your child?

|  |
| --- |
|  |

What kind of actions is the school taking to help your child?

|  |
| --- |
|  |

Are other people involved?

*Consider speech therapy, physiotherapy, psychological help etc.*

|  |
| --- |
|  |

What works well and why?

|  |
| --- |
|  |

What does not work well and why not?

|  |
| --- |
|  |

## What do you think needs to happen to help your child

At home

|  |
| --- |
|  |

At school

|  |
| --- |
|  |

Other

|  |
| --- |
|  |

## Other relevant information and comments

*Please indicate below what other information you think is important and/or any questions you still have.*

|  |  |  |  |
| --- | --- | --- | --- |
|  | Concerns | Strengths | Explanation |
| Physical development:eyes/ ears/ motor development/ eating and/or sleep pattern  |  |  |  |
| Health |  |  |  |
| Work attitude, motivation, concentration |  |  |  |
| (Social) behaviour |  |  |  |
| Other |  |  |  |

## Are there any other points you would like to discuss at the intake?

|  |
| --- |
|  |

## Signature for consent

|  |  |
| --- | --- |
| Parent / guardian1 | Parent / guardian 2 |
| Date: | Date: |
| Signature students older than 12 years of age  |  |
| Date: |  |

### We kindly request that you:

* Answer the questions in this form as completely as possible.
* Sign the consent form if you give permission for any previous assessment data to be requested.
* Sign the intake questionnaire and return it to the support coordinator of the school or send it via post (no stamp required) to:

**HCO, coordinator individual assessments international schools**

**Antwoordnummer 53008**

**2505 VB Den Haag**

# Consent data request

**The parent(s) /guardian(s) of:**

|  |  |
| --- | --- |
| First name |  |
| Surname |  |
| Date of birth |  |
| Address |  |
| Zip code and city  |  |

**Hereby grant permission to the educational advisor of HCO to request information regards their child from:**

|  |  |
| --- | --- |
| Name institution |  |
| Address |  |
| Name contact person |  |

|  |  |
| --- | --- |
| Name institution |  |
| Address |  |
| Name contact person |  |

|  |  |
| --- | --- |
| Name institution |  |
| Address |  |
| Name contact person |  |

## Signature

|  |  |
| --- | --- |
| Parent / guardian 1 | Parent / guardian 2 |
| Date: | Date: |
| Signature students older than 12 years of age |  |
| Date: |  |