

## Bishops Support Unit

Son's name and surname: .....

Son's date of birth: .....

Son's House: ..... Entering grade: .....

Complete the following checklist by placing a tick in the appropriate column.  
Please use the space provided over the page to supply further details in those instances where you have answered **YES**.

	Yes	No
Has your son ever received remedial teaching for an academic problem?		
Does your son have any language problems?		
Is your son very disobedient or disruptive at home?		
Has your son ever been treated for depression or an anxiety disorder?		
Does your son have any sleeping or eating problems?		
Does your son frequently suffer from any of the following physical complaints: headaches, stomach-aches or asthma?		
Has your son suffered from any head injuries?		
Do any of your son's family suffer from learning problems eg reading or language difficulties?		
Do any of your son's family suffer from behavioural problems or mood problems?		

Were there any difficulties during the pregnancy or birth of your son?		
Has your son suffered from any major illness?		
Has your son experienced any difficulties with his hearing?		
Does your son suffer from an attention deficit or hyperactivity disorder?		

Does your son wear glasses? **Yes / No**

When was the last time your son's eyes were tested?

Has your son been assessed by a Psychologist in the past? **Yes / No**

If YES, please supply details. Where appropriate please attach copies of previous assessments/psychological reports (especially if these are of a psycho-educational nature).

Complete the following checklist by placing a tick in the appropriate column. Please use the space provided to supply further details in those instances where you have answered **NO**.

	<b>Yes</b>	<b>No</b>
In your opinion was the development of your son's ability to walk, run, jump and so forth normal?		
In your opinion was your son's language development normal?		
Does your son enjoy going to school?		
Has your son always been able to make friends easily?		
Signed:	Name:	

Please supply the details of any other factors that, in your opinion, may cause your son to experience behavioural, emotional or academic problems.

**Return to:** Pete Farlam, Diocesan College, Camp Ground Road, Rondebosch, 7700.

