



TIRIMOANA PRIMARY SCHOOL

Learner Name: _____

Date: _____

To assist us in meeting your child's needs it is helpful for us to have as much information as possible.

	Details
What is your child's first language? Are they fluent in this language?	
Are there any cultural practices that we need to consider? i.e. covering of head, fasting etc.	
Does your child have any special abilities or talents?	
Has your child had a vision and/or hearing test in the past year? What was the result?	
Is your child involved with any other hospital department?	
Has your child been involved with any support agencies? i.e. early intervention team, speech therapists, physiotherapist, occupational therapists etc	
If transferring from another school: Has your child been involved in any extra school support programmes, e.g. Reading Recovery, extra reading/maths help or extension?	
Does your child play a musical instrument? If so, which instrument?	
Does your child have any particular hobbies or interests?	
Does your child know any other children at this school?	
Are there any court orders/protection orders for your child that we need to know about?	