

Lindi Hanssen, Registered Psychologist MA (Honours Psychology), MNZPsS, NZTC

176 Greenlane West, Greenlane, Auckland | 3/21 Leslie Hills Drive, Riccarton, Christchurch

021 042 1980 | lindihanssen@saplings.co.nz | www.saplings.co.nz

Name of student:

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| --- |
|  |

Date of birth:

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| --- |
|  |

Names of parents/ caregivers:

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| --- |
|  |

Address/es:

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Telephone numbers:

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Email:

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School:

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Form/ Year:

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Dean/Housemaster:

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Subjects for the current school year:

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Who were you referred by?

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Siblings: Name, age, school, year:

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Reason/s for referral/ particular concerns:

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Is there a family history of similar difficulties (if so, please describe)?

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**Patterns of Development**

*Information concerning pregnancy and birth*

Health during pregnancy:

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Labour and delivery:

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Neonatal health (please describe any difficulties/ challenges):

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**Medical History**

Please describe any illnesses you child has had or currently has:

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Is your child currently on any medication?

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Has your child had any surgery?

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Has your child had any accidents?

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| --- |
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Has your child been hospitalised?

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**Developmental Milestones**

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| --- | --- |
| Age at which your child crawled: |  |
| Age at which your child walked: |  |
| Age at which your child used single words: |  |
| Age at which your child used sentences: |  |

Please outline any speech therapy, occupational therapy or physiotherapy:

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Results of any visual testing:

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Results of any hearing testing:

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**Social History**

Does your child find it easy to make friends?

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**Concentration**

Does your child seem to find it hard to concentrate?

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Does your child seem restless?

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**Schooling**

Names of pre-schools and/ or kindergartens attended:

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Names of schools attended:

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Assistance previously received at school:

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Any other professionals consulted or assistance received outside of school?

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What are your child’s hobbies and interests?

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***Please include any other useful information.***

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