



St Cecilia's Catholic Primary School

ST CECILIA'S CATHOLIC PRIMARY SCHOOL STUDENT HEALTH HISTORY FORM

Please complete the sections that are relevant to your child and leave the sections blank that are not. Alternatively, you may want to make an appointment and explain your child's history in person. *All information will be kept strictly confidential!*

Student's Name: _____ Date of Birth: _____

How well did your child learn to talk about things, carry out instructions, learn new words and develop clear speech?

Has your child had ear infections? (Particularly between 12 and 36 months. Glue ear? Grommets?)

Did your child experience any delays in gaining developmental milestones? (eg learning to crawl, walk)

Has your child any visual problem? (Lazy eye, Glasses)

Have you noticed unusual motor co-ordination patterns? (From crawling to colouring)

Has your child had serious health problems?

Did your child experience a difficult birth? (Premature etc?)

Any notable family circumstances in the child's early years?

What language is primarily spoken by your child in the home?
Does your child speak any other languages?

Is there a family history of speech and language difficulties or reading and writing difficulties?

Other relevant information that the school should be aware of?

Faith Family Friendship