



Parents' Interview

Child's Name:

Date of Birth (DD/MM/YYYY):

Applying for year level:

Has your child attended school/nursery previously?

No

Yes

If your child has attended school/nursery previously:

Please specify name of school/nursery and for how long: _____

If yes, was English the primary language of instruction?

No

Yes

Records with teacher comments provided (required)

Please rate your child's English language skills to help us better cater for his/her educational needs:

native speaker

good command

basic communication skills

does not speak English

What do you consider to be your child's strengths?

What do you consider to be your child's areas to improve?

Identify 3 words which you feel best describes your child

Are there areas of your child's development about which you are concerned?

Physical

Social

Emotional

Intellectual

Not Applicable

Please explain your area(s) of concern:



Please check Yes or No:

	Yes	No
Does your child have any special behavioural, psychological or emotional needs ?		
Is your child receiving any special medication related to assisting him/her in the school setting?		
Has this student ever received the services listed below?		
-Special education support		
-Academic Support/tutoring		
-Speech therapy		
-Occupational therapy		
-Counselling therapy		

Has your child ever had checked any of the following areas?

- No Yes – please specify:
 Vision Speech Motor Emotional Social Other _____
 Report(s) provided (required)

Are there any family circumstances that might have affected your child?

- change in living arrangement death separation/divorce adoption birth of a sibling Other: _____

Your child must be trained to toilet independently to attend school, has this been achieved?

- Yes No In progress

Is there anything else we should know about your child so we can help him/her be successful at EMS? (e.g. hearing difficulties, child wears glasses, mobility issues, etc...)

Please provide name and contact details for your child's previous school Principal that we can contact. All information will be kept confidential.

Name: _____ Phone number/email: _____

When did you move to Qatar? (DD/MM/YYYY) _____

We acknowledge that we have responded to these questions to the best of our knowledge and ability.

Date

Mother's signature

Father's signature