Parent questionnaire on school entry examination

The school doctor requires the information given in response to questions 1 – 12 for the school doctor's/medical assessment in accordance with § 11 of the school ordinance for state primary schools in Rhineland-Palatinate. The information serves as a basis for the joint consultation and ascertainment of the stage of development of the child. A response to these questions is requested in each and every case. Any uncertainty regarding the meaning of individual questions can be discussed in the consultation.

RheinlandPfalz
MINISTERIUM FÜR SOZIALES, ARBEIT, GESUNDHEIT UND DEMOGRAFIE

1. Family details

Completed on: ☐☐ ☐☐ ☐☐☐☐ Day Month Year

	Child	Mother	Father
Surname			
First Name			
Address			
Sex	male…☐ female…☐		
Date of birth	☐☐ ☐☐ ☐☐☐☐ Day Month Year	Country of birth of child	

2. What institutions has your child attended so far? (Multiple answers possible)

Crèche ☐ Kindergarten/nursery school ☐ Special needs kindergarten ☐
Day-care centre ☐ Inclusive nursery school ☐ **No institution** ☐

The child has been attending the present institution for ____ years and ____ month(s).
Age of child at start of first care service outside the family: ____ years and ____ month(s).

3. What infectious diseases has your child already had?

Chicken pox (varicella) ☐ Mumps ☐ Salmonellae ☐
Scarlet fever ☐ German measles (rubella) ☐ Lyme disease (borreliosis) ☐
Fifth disease (erythema infectiosum) ☐ Whooping cough (pertussis) ☐ Encephalitis/meningitis ☐
Measles (rubeola) ☐ Hepatitis B ☐ Rotaviruses ☐
Other ☐ If other, which? _____ **None** ☐

4. What acute illnesses have become apparent in the last 12 months?

Bronchitis ☐ Cystitis/urinary tract infection ☐ Pseudocroup attack ☐
Throat infection/tonsillitis ☐ Pneumonia ☐ Cerebral seizure ☐
Middle ear inflammation ☐ Fever convulsions ☐ Frequent infections ☐
Gastroenteritis ☐
Other ☐ If other, which? _____ **None** ☐

5. Has your child ever had the following impairments/disabilities/handicaps diagnosed by a doctor? If so, please bring along relevant documentation!

Allergies ☐ Adenoids (polypi) ☐ Seizures (epilepsy) ☐
Neurodermatitis (atopic eczema) ☐ Spinal column disorders ☐ Tumour diseases/cancer ☐
Chronic bronchitis ☐ Thyroid disease ☐ Rheumatism ☐
Bronchial asthma ☐ Heart failure/heart disease ☐ Autism ☐
Hay fever ☐ Juvenile diabetes ☐ Congenital disorder ☐
Food allergy ☐ Chronic urinary tract infections ☐ Physical disability ☐
Allergic skin rashes (eczema) ☐ Attention deficit syndrome ☐ Mental deficiency ☐
Other ☐ If other, which? _____ **None** ☐

6. Has your child had any of the following symptoms or abnormalities in the last 12 months?

Visual impairment ☐	Worm infections (helminthiasis) ☐	Food intolerance ☐
Hearing impairment ☐	Overweight ☐	Motor agitation/hyperactivity ☐
Speech abnormalities ☐	Underweight ☐	Aggression ☐
Developmental delay ☐	Frequent headaches ☐	Problems falling/remaining asleep ☐
Concentration disorder ☐	Frequent abdominal pain ☐	Frequent snoring (without infection) ☐
Bedwetting ☐	Frequent leg aches ☐	Mouth breathing/impaired nasal breathing ☐
Soiling (fecal incontinence) ☐	Anxiety ☐	Excessive daytime sleepiness ☐
Other ☐	If other, which? _____	**None** ☐

7. What doctors or therapists has your child visited in the last 12 months?

Paediatrician ☐	Ophthalmologist ☐	Non-medical practitioner ☐
General practitioner ☐	ENT specialist ☐	Child and adolescent psychiatrist ☐
Dentist ☐	Dermatologist ☐	Psychologist ☐
Orthodontist ☐	Urologist ☐	Surgeon/orthopaedist ☐
Other ☐	If other, which? _____	**None** ☐

8. Has your child ever undergone the following examinations or treatments?

	Details (e.g. Outpatient operation: Adenoids)
Developmental diagnosis ☐	_____
Stay at health/rehabilitation facility ☐	_____
Allergy test ☐	_____
Outpatient operation ☐	_____
Inpatient hospital treatment ☐	_____
No examinations/treatments ☐	

9. What treatments or support has your child received so far?

Speech therapy/logopaedics ☐	Early intervention ☐	Curative educational treatment ☐
Ergotherapy ☐	Speech therapy in nursery school ☐	Psychotherapy ☐
Physiotherapy ☐	Integration support ☐	Family assistance ☐
Orthodontic treatment ☐	Educational guidance ☐	Psychological advice ☐
Other ☐	If other, which? _____	**None** ☐

10. Has your child ever had an accident or been exposed to poisoning that has required medical treatment?

Accident at home ☐	Road accident ☐	Poisoning ☐
Accident at nursery school/school/association ☐	Accident elsewhere ☐	None ☐

11. Has your child taken any medication in the last year?

No ☐ Yes ☐

If so, for	**Regularly**	**As required**	**Name of medication**
Allergies	☐	☐	_____
Asthma	☐	☐	_____
Epilepsy (seizures)	☐	☐	_____
Hyperactivity	☐	☐	_____
Other ailments	☐	☐	_____

12. Is there any other information you would like to give us about your child?

_____

Answering questions 12 – 22 is optional!

These questions primarily serve the state-wide health reporting system. Both the school entry examination and subsequent examinations or assessments are independent thereof.
If in doubt, you may leave individual questions unanswered. Please be assured that you or your child will not suffer any disadvantages as a result.

13. For how long was your child breastfed?

a. Not breastfed ☐ Less than 1 month ☐ 1 - 3 months ☐
4 – 6 months ☐ Over 6 months ☐ Not known ☐

b. My child was **exclusively** breastfed up to its ☐☐ month of life Not known ☐

14. Who does your child generally live with? (Please mark only one box with a cross.)

With its birth parents ☐
With its mother and partner ☐
With its mother as single parent ☐
With its father and partner ☐
With its father as single parent ☐
In a home ☐
With foster parents/adoptive parents ☐
With other family members ☐
With other people ☐

15. How many children in total live in your household? (including the child to be enrolled at school)

1 child ☐ 2 children ☐ 3 children ☐ 4 children ☐ More than 4 children ☐ How many?_____

16. What languages are spoken at home? (Multiple answers possible)

German ☐ Other languages ☐ Which? _____

17. What country were you born in? (Please indicate for both parents.)

Mother In Germany ☐ In another country ☐ In which? _____
Father In Germany ☐ In another country ☐ In which? _____

18. What nationality are you? (Please indicate for the child and both parents.)

Child German ☐ Other/additional nationality ☐ Which? _____
Mother German ☐ Other/additional nationality ☐ Which? _____
Father German ☐ Other/additional nationality ☐ Which? _____

19. Does anybody in your household smoke?

Never ☐ Occasionally ☐ Frequently ☐

20. What is your highest qualification level? (Please indicate for both parents!)

	Mother/ female custodian	Father/ male custodian
Elementary school/primary school leaving certificate	☐	☐
Intermediate school leaving certificate	☐	☐
Higher secondary vocational school leaving certificate	☐	☐
General high school leaving certificate (Abitur) for university entrance	☐	☐
Other school-leaving certificate	☐	☐
(Still) receiving school education (pupil)	☐	☐
Left school without school leaving certificate	☐	☐

21. Have you completed any vocational training? If so, which?
(Please state only the most advanced level of qualification. Please indicate for both parents!

	Mother/ female custodian	Father/ male custodian
Apprenticeship/traineeship (trade/professional)	☐	☐
Vocational/commercial college (trade/professional)	☐	☐
Technical college (e.g. master/technician school, professional academy)	☐	☐
Polytechnic, school of engineering	☐	☐
University, institution of higher education	☐	☐
Other training qualification	☐	☐
Still receiving professional education	☐	☐
No qualifications	☐	☐

22. Who has completed the questionnaire?

Mother/female custodian ☐	Grandmother ☐	Foster mother ☐	Sibling of the child ☐
Father/male custodian ☐	Grandfather ☐	Foster father ☐	Other person ☐