Notes on filling out this form:
Please fill in or mark with a cross ☒ *Answering all or just individual questions is voluntary!*

Child's family name	Child's first name	Born on	Nationality	Number of other siblings

Native language (Mother)	Native language(Father)	Number of adults in the household	Has been attending a crèche/ daycare/kindergarten for ☐ years

Name and address of parent or legal guardian

Family name .... *First name* ..... *Place of residence/postcode* .....

Street, house number .... *Phone.* .....

Pregnancy and birth

Birth weight: I__I__I__I__I *grs.* Completed pregnancy weeks: I__I__I *PWs* ☐ Multiple birth

Development

Has any delayed development ever been determined in your child? ☐Yes ☐No

Speech disorder during development ☐Yes ☐No		Unassisted walking by 18 months ☐Yes ☐No	
First words (such as *mum*, *dad*, *car*) by 18 months ☐Yes ☐No		Child grows up multilingual ☐Yes ☐No	

In contact with the German language ☐ from birth ☐ not from birth

If not in contact with the German language from birth, from which age? I__I years I__I__I months

Is your child ☐ right-handed ☐ left-handed ☐ still undecided

Does your child have or has your child had one of the following illnesses or health impairments?

Visual impairment ☐ Yes ☐No Strabismus treatment ☐Yes ☐No Glasses ☐Yes ☐No

Does your child suffer from severe hearing impairment? ☐Yes ☐ No

If *Yes*, please answer the following questions:

☐ Severe congenital hearing impairment ☐ left ear ☐ right ear

☐ Acquired chronic hearing impairment ☐ left ear ☐ right ear

☐ Wears hearing aid since left ear ……*Month/year* right ear ……*Month/year*

☐ Wears cochlear implant since left ear ……*Month/year* right ear ……*Month/year*

Rare congenital metabolic or hormone disorders: ☐No ☐ Yes *(which?) :*

☐ MCAD deficiency ☐ Hypothyroidism ☐ PKU ☐ CAH ☐ Cystic fibrosis ☐ Diab. mell. (type 1) ☐ Diab. mell. (type 2)

Other chronic illnesses: ☐No ☐ Yes *(which?)* ……

Severe handicap: ☐No ☐ Yes *(which?)* ……

Must take the following medication regularly: ☐No ☐ Yes *(which?)* ……

Are you aware of illnesses your child may have that require specific procedures in emergency situations (e.g., allergies, epilepsy, etc.)? ☐ No ☐ Yes

If Yes, which? ……

Has your child ever had any of the following assistance measures or treatments?

Participation in German prep classes	☐ No	☐ Yes		
Speech therapy (logopedics)	☐ No	☐ Completed	☐ Ongoing	☐ Planned
Remedial education/orthopaedagogy/ergotherapy	☐ No	☐ Completed	☐ Ongoing	☐ Planned
Physiotherapy	☐ No	☐ Completed	☐ Ongoing	☐ Planned

Family doctor/pediatrician: ……

…… ……

Place, Date Parent's or legal guardian's signature