



Watchdog Early Education Centre
Pilot Scheme on On-site Pre-school Rehabilitation
Services
School Success for all children

FOR OFFICIAL USE ONLY 此欄由本中心填寫
 Received Date

CHILD'S NAME	ENGLISH (same as birth cert)	CHINESE (IF ANY)	BIRTH CERT.#
DATE OF BIRTH	D/M/Y	DIAGNOSIS	SEX
MAIN CAREGIVER	MAIN LANGUAGE SPOKEN	OTHER LANGUAGE(S)	
NAME OF YOUR SCHOOL	<input type="checkbox"/> AM class	CLASS TEACHER	SCHOOL HOUR:
	<input type="checkbox"/> PM class	CLASS TEACHER	SCHOOL HOUR:
	<input type="checkbox"/> Whole day class	CLASS TEACHER	SCHOOL HOUR:

OTHER SCHOOLING

OTHER FAMILY MEMBERS	OCCUPATION /SCHOOL	Email	OFF. Tel/ Mobile

Medical/ Health History Any diseases, injuries, unexplained high fever, surgery, etc.

Date of last physical examination	Date	Age	Severity & Effects

Medication: _____ Allergy (pls specify): _____

Other significant information (e.g. Asthma, food/sleep issues, special diet, etc.) :

Please tell us your child's strengths.

Please list out your child's reinforcers (e.g., favorite toys, activities, etc.).

Please list out child's dislikes (i.e., any toys, activities, noises that your child is scared of).

Do you find coping with your child stressful (e.g. scheduling, tantrums, family issues, etc)?
 MANAGEABLE OCCASIONALLY YES Please specify : _____

General Behaviours	Very often	Sometimes	Seldom	Never	N/A
Able to attend					
Impulsive					
Good memory					
Emotionally stable					
Engage in inappropriate social responses Please specify: _____					

Developmental milestone

<p>Feeding</p> <input type="checkbox"/> Self feeding by spoon: _____ (age) <input type="checkbox"/> Self feeding by chopsticks : _____ (age) <input type="checkbox"/> Drink with cup _____ (age)	<p>Toileting</p> <input type="checkbox"/> Wet/soil <input type="checkbox"/> Indicate needs <input type="checkbox"/> Trained	<p>Comprehension</p> <input type="checkbox"/> Able to understand verbal instructions <input type="checkbox"/> Able to understand simple commands
<p>Expression</p> <input type="checkbox"/> Can express with gesture <input type="checkbox"/> Can express with single words: _____ (age) <input type="checkbox"/> Can express with short phrases : _____ (age)	<p>Fine motor</p> <input type="checkbox"/> Able to draw *straight-line / horizontal line / circle / triangle <input type="checkbox"/> Able to draw face <input type="checkbox"/> Able to use scissors	<p>Ambulatory Status</p> <input type="checkbox"/> Able to crawl from: _____ (age) <input type="checkbox"/> Able to sit up alone: _____ (age) <input type="checkbox"/> Able to walk with assistance from: _____ (age) <input type="checkbox"/> Able to walk independently (age) ____

Outside service			
Occupational Therapy How Often : _____ Name of Therapist/Person in Charge : _____ Clinic/Hospital: _____ Contact No. _____ I * would / would not like to give the consent to Watchdog therapist or staff to contact the above therapist. * delete as inappropriate		Physiotherapy How Often : _____ Name of Therapist/Person in Charge : _____ Clinic/Hospital: _____ Contact No. _____ I * would / would not like to give the consent to Watchdog therapist or staff to contact the above therapist. * delete as inappropriate	
Speech Therapy How Often : _____ Name of Therapist/Person in Charge : _____ Clinic/Hospital: _____ Contact No. _____ I * would / would not like to give the consent to Watchdog therapist or staff to contact the above therapist. * delete as inappropriate		Others (Please specify) : How often : _____ How Often : _____ Name of Therapist/Person in Charge : _____ Clinic/Hospital: _____ Contact No. _____ I * would / would not like to give the consent to Watchdog therapist or staff to contact the above therapist. * delete as inappropriate	
Prefer to play: Alone / with others			
Prefer to play with: Younger children / same age children / older children			
Hearing Tested: Yes 是/ No 否		Vision Tested: Yes 是/ No 否	
Others			
School's concerns (If any) about the child			
Expectation from this service			
Please list your concerns about your child.			
What topic would you like to learn more about			
<input type="checkbox"/> Teaching my child self-help skills <input type="checkbox"/> Your special child: What you can do to encourage gross motor milestones and development <input type="checkbox"/> Dual language development <input type="checkbox"/> Oral motor development <input type="checkbox"/> Sensory integration as a foundation of learning <input type="checkbox"/> Educational facilities talk: Primary school options <input type="checkbox"/> Effective use of technology <input type="checkbox"/> Other(Please specify) _____			
Note on personal data privacy			
I give consent to Watchdog Centre to retain above data and interview contents on file and to make available such information to relevant personnel.			
			_____ Parent's Signature
FOR OFFICIAL USE ONLY			
Remarks:	CRSPS #	Admission Date:	
		File #:	Tel: