

Newcomer Student Data Capture Form

School:	
Name of student:	
Phonetic spelling:	
Date of birth:	
Date of arrival:	
Address:	
Telephone number(s):	
Other family members	
Are all members of the family here?	
1 st person with parental responsibility	Relationship:
2 nd person with parental responsibility	Relationship:
Country of origin	
What name do you use for your child?	
What languages do you speak with your child?	
Do you speak any other languages in your family?	
What languages does your child speak with others?	
What languages can your child read and write?	
Who, besides you, does your child spend time with?	<input type="checkbox"/> brothers & sisters <input type="checkbox"/> other family members <input type="checkbox"/> other children <input type="checkbox"/> others
Please estimate how many words your child knows in English	<input type="checkbox"/> less than 10 <input type="checkbox"/> 10 – 50 <input type="checkbox"/> 50 – 100 <input type="checkbox"/> more than 100
Do you belong to a particular religious group?	
Is there any food that your child is not allowed to eat?	
Does your child have any health problems?	<input type="checkbox"/> asthma <input type="checkbox"/> anaemia <input type="checkbox"/> epilepsy <input type="checkbox"/> migraines <input type="checkbox"/> allergies <input type="checkbox"/> can't see well <input type="checkbox"/> can't hear well <input type="checkbox"/> can't sleep well
Other details including medication	

What does your child like to do?	<input type="checkbox"/> listen to music <input type="checkbox"/> talk with others <input type="checkbox"/> use a computer <input type="checkbox"/> dance <input type="checkbox"/> play an instrument <input type="checkbox"/> read <input type="checkbox"/> play a sport <input type="checkbox"/> other (details: _____)
Was your child in school in another country?	
What type of school was it?	<input type="checkbox"/> primary <input type="checkbox"/> secondary <input type="checkbox"/> specialist <input type="checkbox"/> academic <input type="checkbox"/> other (details: _____)
How many years of schooling did your child have in that country?	<input type="checkbox"/> primary years <input type="checkbox"/> secondary years
Was your child in another school here?	
What type of school was it?	<input type="checkbox"/> primary <input type="checkbox"/> secondary <input type="checkbox"/> specialist <input type="checkbox"/> academic <input type="checkbox"/> other (details: _____)
How many years of schooling has he / she had here?	<input type="checkbox"/> primary years <input type="checkbox"/> secondary years
Was your child's attendance	<input type="checkbox"/> excellent <input type="checkbox"/> very good <input type="checkbox"/> OK <input type="checkbox"/> not good
What were his / her best subjects?	
Did he /she find any subjects difficult?	
Do you have any school reports or books?	
Did your child ever see an educational psychologist?	
If so, do you have a report?	
In your family, is going to school	<input type="checkbox"/> very important <input type="checkbox"/> important <input type="checkbox"/> not very important
What do you hope your child will achieve from his / her education in this country?	
Would you like your child to follow a reduced curriculum for some time / reduced exam timetable?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Would you like your child to have extra support to help with English and other subjects?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you allow the information on this form to be given to relevant outside agencies and to be used for other purposes in the school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Parent's name / signature	
Teacher conducting interview	
Date	