



The International School of Kuala Lumpur

Elementary School Information Form

Student's Name : _____
Family Name *First Name* *Middle Name*

Father's Name : _____ Mother's Name : _____

Grade : _____ School Year : _____

1 Social Information

1. How does your child feel about moving to Malaysia and beginning school at ISKL? (check one or more)

Excited Anxious Fearful Nervous Angry

2. In general, how does your child adjust to new situations? (check one or more)

Easily Enthusiastically Reluctantly Fearfully Stressfully

2 Academic Information

1 Has your child ever been tested for learning difficulties? Yes No

2 Has your child ever been in a special school program? Yes No

Enrichment Gifted and Talented

English-as-a-second-language Reading Support

Learning Disabilities Other (describe under comments)

3 Describe your child's academic :

Strengths

Needs

3 Language Information

1. What is the primary language spoken at home? _____

2. Do you have any concerns regarding your child's use of the primary language? Yes No

3. What is the second language spoken at home (if applicable)? _____

4. Do you have any concerns regarding your child's use of second language? Yes No

5. Has your child experienced difficulty in acquiring language or vocabulary? Yes No

6. Does your child have difficulty pronouncing certain words? Yes No

7. Does your child receive tutoring or outside schooling in his or her primary language? Yes No

8. Has your child ever been to see a speech therapist? Yes No

4 Birth and Early Childhood Information

1. Were there any illnesses, accidents or complications associated with your child's birth or prenatal development? Yes No
2. Did your child experienced any significant health, learning or other difficulties during his or her first five years of life? Yes No
3. Has your child experienced difficulties with gross motor development which limit his or her running, jumping, balance or coordination? Yes No
4. Has your child ever been to see an occupational or physical therapist? Yes No

5 School History

- 1 Has your child previously attended school (including any part time program)? Yes No
- 2 Did the previous school personnel express any areas for attention regarding your child's academic or behavioral needs? Yes No

If "yes" please comment:

- 3 Does ISKL have your permission to contact previous schools? Yes No
- 4 Has your child received any of the following services? Please check:

Service	In School	Out of School	Names/ Phone Numbers and / or e-mail
Resource (for special learning needs)			
Physical/occupational therapy			
Language/speech therapist			
Psychologist/psychiatrist/counselor			
Tutor			
ESL (English as a Second Language)			

- 5 Does ISKL have your permission to contact these specialists? Yes No

Any comments to assist the teacher to support your child :

Signature : _____ Date : _____
Parent / Guardian