**Information about Incoming Students to 1st Year**

**Please read complete the questionnaire carefully.**

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| Student’s Name: |  |

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| 1. ***Getting to know the incoming First Year:*** | |
| What are his/her strengths in school? (i.e. favourite subjects, activities, etc) |  |
| How would you describe his/her personality? (look for positives) |  |
| How does he/she get along with his/her peers? |  |
| Has he/she ever been involved in a bullying situation or a breakdown of a friendship? |  |
| How does he/she feel about coming to Secondary School? Areas of concern? |  |
| How do you, the Parent feel about the transfer? |  |

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| 1. ***Health check list:***   Has your child any difficulties in the following areas? | | | | | | | | | |
| ***(please tick ✓)*** | | ***Yes*** | ***No*** | | ***Mild*** | | ***Moderate*** | | ***Severe*** |
| Hearing: | |  |  | |  | |  | |  |
| Sight: | |  |  | |  | |  | |  |
| Asthma: | |  |  | |  | |  | |  |
| Kidney: | |  |  | |  | |  | |  |
|  | | | | | | ***Yes*** | | ***No*** | ***Details*** |
| Any other medical conditions: | | | | | |  | |  |  |
| Is there a need for medication? | | | | | |  | |  |  |
| Do any of the above conditions affect student’s attendance at school? | | | | | |  | |  |  |
| Family Doctor | ***Name*** | | | ***Address*** | | | | | ***Phone Number*** |
|  |  | | |  | | | | |  |

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| 1. ***Attendance & Punctuality: What is your child’s overall attendance and punctuality at school like?*** | | | |
| ***Good*** | ***Average*** | ***Poor*** | ***Details*** |
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| 1. ***Learning: (please tick ✓)*** | ***Yes*** | ***No*** |
| Does your child enjoy school? |  |  |
| Does he/she enjoy reading? |  |  |
| Is he/she a member of the local or (school) library? |  |  |
| Does your child complete homework? |  |  |
| Does your child have access to a PC Computer/tablet? |  |  |
| Does the child have access to the Internet? |  |  |

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| 1. ***Your child’s learning needs.***   ***Does your child match any of the following statements? (please tick ✓)*** | ***Yes*** | ***No*** |
| Have a Diagnosis of a learning difficulty? |  |  |
| Have an SNA in class? |  |  |
| Have a Reduced Timetable? |  |  |
| Have an Irish Exemption? |  |  |
| Attend withdrawal lessons for extra Maths, English or other Subjects? |  |  |
| Have an Educational assessment? |  |  |
| Have an Occupational Therapy assessment? |  |  |
| Have a Speech and language assessment? |  |  |
| Have any other assessments? |  |  |
| Please provide any information if you answered ***Yes*** to any of the above: | | |

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| 1. ***Your child’s wellbeing:***   ***Has your child ever…(please tick ✓)*** | ***Yes*** | ***No*** |
| Attended Lucena Clinic/CAMHS? |  |  |
| Attended counselling in school or with another agency? |  |  |
| Is or had the family ever been linked to other services/agencies for support? (for e.g. Rainbows, Social Services, Child & Family Agency, YAP workers, Family Supports, etc) |  |  |
| Please provide any information if you answered ***Yes*** to any of the above: | | |

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| 1. ***Home situation:*** | |
| Who is living at home? |  |
| Any financial constraints regarding school costs? |  |
| Any confidential information you wish to share which may impact on your child’s learning and school life? |  |

***Under Section 2(1)(c) of the Data Protection Acts 1988 and 2003 The Board of Management of Our Lady of Mercy Secondary School as data controller will not retain personal data any longer than is necessary under Department of Education & Skills Guidelines.***