



Section 1 (to be completed by parents)

Child's name Date of birth

Home language Gender

Other languages spoken

Personal, Social and Emotional Development

Please mark **X** in each of the four scales below to indicate how your child mostly interacts:

| | | | |
|-----------------------------|-----------------------------|-----------------------|---------------------------|
| Enjoys playing in groups | Enjoys playing on their own | Has one main interest | Has many varied interests |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Enjoys change and variation | Enjoys order and routine | Is quiet and reserved | Is confident and outgoing |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Please comment here about your child's attitude to learning:

Please comment here about your child's friendships and relationships:

Academic

Please tick the relevant boxes to indicate your child's language level and capability.

English language level

| | Native | Near native | Basic | None |
|-----------|--------------------------|--------------------------|--------------------------|--------------------------|
| Reading | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Writing | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Speaking | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Listening | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Mandarin language level

| | Native | Near native | Basic | None |
|-----------|--------------------------|--------------------------|--------------------------|--------------------------|
| Reading | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Writing | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Speaking | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Listening | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

General information

Please feel free to provide any additional comments (for example special skills or interests)

Your name

Relationship with the child

Contact email

Phone number

Date

Section 2 (For school internal use)

Comments - A

Assessor

Printed name

Title

Date (dd/mm/yyyy)

Signature

Comments - PR

Printed name

Title

Date (dd/mm/yyyy)

Signature