

Invitation to a school-entry health examination and consultation

Gesundheitsamt Kinder- und Jugendärztlicher Dienst

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Surname, first name, date of birth of the child

Where: At the health authority, in a room

At school

(school stamp)

When: _____

Weekday

Date time

Please bring these with you!



Accompanying questionnaire
Doctor's letters
Reports from the
Social-Paedagogical Centre
Early Intervention Centre
Language therapy
Occupational therapy ...

Dear parents,

A new stage of life is about to begin: your child is going to school. The school-entry examination and consultation carried out by your Health Authority's school medical team is designed to help you and your child find your bearings within school life.

This examination differs from those you will be used to with your paediatrician. This is not an early-detection examination; rather, it has the goal of ensuring your child's transition into school is as comfortable as possible. That is why particular care is paid to aspects affecting school life, for example vision and hearing, gross and fine motor skills, language development, concentration, awareness and general age-appropriate development.

The recommendation from the school doctor, considering health aspects in particular, will be communicated both to you and the school management. **The school management will make the decision about your child's admission.**

When assigning appointments, we try to keep the waiting times as short as possible for you. Please nevertheless plan in at least 60 minutes for this important examination. If you are worried about your child's entry into school because of health problems, please talk about this. If you have questions

that shouldn't be raised in the presence of the child, please tell us about this before the examination. If you have particular questions, we will be happy to offer you an additional advice meeting.

To get an overview of the health status of all children joining school, the findings and measures suggested are evaluated centrally and anonymously, without reference to personal information. For this reason, we request you carefully fill out the following questionnaire. So we can better reflect the diversity of family arrangements, we have used the neutral formulations "parent 1", "parent 2" (P for short) with the additional designations "male", "female" and "non-binary" instead of "father" and "mother" in the survey. Please select these according to your family situation and use them throughout.

Your answers are voluntary, private and subject to doctor-patient confidentiality.

Please bring with you the **completed questionnaire** the **yellow examination booklet**, the **vaccination card**, any **doctor's reports** and findings from the **social-paediatric centre, early intervention centre, language therapy, occupational therapy** etc.

We also request you check your child's vaccination status and make sure it is completed as required.

Siblings can cause distractions and disturbances during the examination. For this reason, we request you do not bring them with you unless there is a suitable person there to look after them.

We thank you in advance for the effort you are taking. We wish you and your child much joy and success in this new stage of your lives.

Best wishes

On behalf of

Your school medical team from the Cologne Health Authority.

Information for children or parents with difficulty walking:

If you as an accompanying parent or your child require step-free access to the examination room, please get in touch (by telephone, email or fax) so that we can plan in good time for the examination to take place in a suitable room.

Information for deaf children or parents:

If you as an accompanying parent or your child needs a sign-language interpreter, please get in touch (by telephone, email or fax) so that we can plan in good time for the examination to take place with the participation of an interpreter.



All answers are voluntary and will be treated in confidence.

Medical history questionnaire for examination by the paediatric service

01 Since when has the family lived in Germany?

01.1 - **Child:** since birth since ____ _ _ _ _

01.2 - **P 1:** male female non-binary since birth since the year ____ _ _ _ _

01.3 - **P 2:** male female non-binary since birth since the year ____ _ _ _ _

02 What language was most often spoken with the child at home in the first three years of life (mother tongue)?

German Other Which one? _____

03 What other languages are also spoken in the family?

04 Since when has your child been in kindergarten/nursery school? ____ . ____ . 201 ____ (day | month | year) not at all

Street and house number of the daycare centre: _____

05 **Was your child able to walk unassisted at 18 months?** yes no

06 **Was your child able to speak 50 words at the age of 2?** yes no

07 **Has your child stopped daytime wetting?** yes no

08 **Does your child no longer wet the bed?** yes no

09 Has your child had developmental issues?

09.1 - **Sleep problems** yes no

09.2 - **Accidents** (only frequent or severe accidents) yes no

09.3 - **Chronic illnesses** (e.g. allergies, asthma, epilepsy, diabetes) yes no

If yes, which? _____

09.4 - **Does your child need to take medicine?** yes no

If yes, which? _____

10 What is your personal opinion of the following? My child

10.1 - **can concentrate for sufficient periods.** yes no

10.2 - **can count adequately for their age.** yes no

10.3 - **can paint adequately for their age.** yes no

10.4 - **gets on well with other children.** yes no

10.5 - **is more restless/fidgety than normal for their age.** yes no

10.6 - **is more anxious than normal for their age.** yes no

- 11 **Is your child**
 too thin? of normal weight? too fat?
- 12 **My child regularly goes to a sports/swim club.** yes no
- 13 **My child**
- 13.1 - has the following devices in their bedroom:
 none television PC games console (Playstation/X-Box/Wii)
- 13.2 - watches television or plays computer games or with a mobile telephone/tablet/games console for the following period on average, per day (please also factor in the weekend)
 in total _____ minutes per day.
- 14 **Previous support measure for your child**
 (diagnostics/consultation/therapy): yes no
- 14.1 - **If yes, which?**
 Language support in kindergarten Early intervention centre Social paedagogic centre
 Occupational therapy Language therapy Physiotherapy/movement therapy
 Psychological treatment/therapy Family consultation
 other Which? _____
- 15 **Siblings also living in the household:** (just year of birth) none
- | | | | |
|----------|----------|----------|----------|
| 1. _____ | 2. _____ | 3. _____ | 4. _____ |
| 5. _____ | 6. _____ | 7. _____ | 8. _____ |
- 16 **Special notes on custody** (e.g. if a parent is not allowed to make contact or receive information etc.)

- 16.1 **Our family is looked after by a**
 Guardian Family assistant none
- 17 **The questionnaire was filled out by:** (Please only tick one)
 The parents together P 1 P 2 Grandparents
 other relatives Foster/adoptive parents Helper
- 18 **What do you want to discuss with the doctor?**