



MICHAEL OAK WALDORF SCHOOL

PLAYGROUP / KINDERGARTEN FORM

CHILD'S NAME: _____ DATE OF BIRTH: _____

Pregnancy

- Did you fall pregnant naturally? Planned or not?
- How was your experience of being pregnant?
- How was your health? Any medication during pregnancy?
- Were there any emotional upheavals?
- Were there any problems during the pregnancy?

The Birth

- Home birth or hospital? Water birth?
- Premature or overdue?
- Did you go into labour spontaneously? How long was the labour, any complications for mother or baby?
- Were there any interventions, such as induction/forceps/vacuum?
- Any distress for baby during labour/pre-birth or post-birth?
- How were your first moments with the baby after the birth?
- Any post-partum depression?

The first month at home

- Were you able to keep the baby quietly at home for the first month?
- Breast-fed or bottle-fed?
- If breast-fed, for how long and how easily?
- How did your baby sleep? Was there a routine?
- How long were you at home?
- Once not at home, who took over the care?

Development

- Describe your baby in his/her first year.
- Did your baby have floor-time (up until he/she could roll over/sit on his/her own?)
- Was your baby early/average/late at:
 - Sitting
 - Crawling
 - Teething
 - Walking (did you use walking ring/baby bouncer?)
 - Speaking
 - Toilet training and bladder control.

Medical and Health

- Inoculations
- Allergies/Chronic illnesses?
- Usual childhood illnesses?
- How many courses of antibiotics has your child been on thus far?
- Any operations/bone breaks/traumas/grommets/hearing/ear problems?
- Any therapies (e.g. OT, Physio, Play etc.) or assessments?

Your child

- Does your child sleep in his/her own bed for the whole night (mostly)?
- What does he/she eat:
 - For breakfast?
 - For Lunch?
 - For Dinner?
- Are any meals eaten together as a family at a table?
- Does your child help with food preparation?
- Does your child eat:
 - bread (white/brown)
 - fruit
 - vegetables

Family

- How does your child spend his/her time, what is he/she drawn to?
- Stability – have you stayed more or less in one place/moved?
- Any aeroplane trips (i.e. overseas)?
- Extended family support?
- If parents are not together, how is the relationship?

Electronic Media / Screen time

How much time, on average, does your child watch TV, films, play games, use cell phones etc.

- What extra-mural classes, activities etc. does your child attend?
- How did you come to Waldorf? What is your understanding of it?
- Have you attended an Open Day or a Parent Introductory Programme talk?
- Are you able to attend parents' evenings, school functions and involve yourself, where possible, at Michael Oak?
- Do you have skills and areas of expertise you would be prepared to offer the school? What are they?

PARENT: _____

DATE _____

INTERVIEWER: _____

DATE _____