



## INSTRUCTIONS FOR THE INITIAL INTERVIEW

The goal of the initial interview is to gain insight into the child's psychophysical development based on the parents' assessments, the attached documentation and the observations of expert associates about the child's behavior during the interview, in order to find an appropriate form of inclusion in the kindergarten programs.

**Attach existing medical and other relevant documentation essential for the child's development. THE PARENT GUARANTEES THE TRUTH OF THE DATA WITH HIS/HER SIGNATURE. IN CASE OF FALSE ANSWER, THE KINDERGARTEN RESERVES THE RIGHT TO CHANGE THE TERMS OF CONTRACT.**

I declare and confirm with my own handwritten signature that the data provided in this request and the attached documentation are accurate and complete, and I authorize the kindergarten to have the right to check, process, store and use them in accordance with the General Data Protection Regulation (REGULATION (EU) 2016/679 OF THE EUROPEAN PARLIAMENT AND COUNCIL of April 27, 2016), by the Law on the Implementation of the General Regulation on Data Protection (Official Gazette 42/18) and other valid regulations.

I am aware that, in accordance with the General Data Protection Regulation, the said data is collected solely for the purpose of exercising the requested right and that it will not be used for other purposes.

Fill in the data legibly, in block letters, and for the questions circle the answers that describe the child or fill in the answer.

The initial interview form is an integral part of the enrollment procedure and the parent brings it to the agreed interview date and hands it to the professional associate during the interview.

**INITIAL INTERVIEW: DATE:** \_\_\_\_\_

**TIME:** \_\_\_\_\_

**Name and surname of the child:** \_\_\_\_\_

<b>Gender of the child:</b>	male / female
<b>Date of birth:</b>	
<b>OIB:</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<b>Age of the child:</b>	_____ years _____ months
<b>Address:</b>	

**INFORMATION ABOUT THE FAMILY**

**MOTHER**

**FATHER**

<b>Surname and name:</b>	
<b>Year of birth:</b>	
<b>Profession:</b>	
<b>Qualifications:</b>	
<b>Employer:</b>	
<b>Working hours:</b>	from                      to
<b>Business address:</b>	
<b>Phone at work:</b>	
<b>Home phone:</b>	
<b>Cell phone:</b>	
<b>E-mail:</b>	

from                      to

<b>Specify with whom the child lives:</b>				
	<b>Name and surname</b>	<b>Kinship</b>	<b>Year of birth</b>	<b>Footnote</b>
1.				
2.				
3.				
4.				
5.				
<p><b>b) If the child does not live with both parents, please state the reason (circle and fulfill), e.g.: residence in another city, divorce, dissolution of extramarital union, ban on access to the child, foster care, guardianship, etc.:</b></p>				
<p><b>c) How would you describe mutual relations in the family: excellent, satisfactory, damaged</b></p>				
<p><b>d) Is the family in the treatment of the Center for Social Welfare: NO / YES - what type:</b></p> <ul style="list-style-type: none"> <li>- control over parental rights</li> <li>- the divorce case</li> <li>- aid benefits</li> <li>- registered due to health problems in the family</li> </ul>				

e) The child lives in extremely difficult social and health conditions in the family <b>NO / YES</b> - describe:
f) Are there diseases in the family?
g) Have there been any stressful events in the family recently: relocation, divorce, illness, death of a family member, traffic accident or other: <b>NO / YES</b> - which ones:
i) Use of a social right/benefit and which; extended maternity leave, CAREGIVER STATUS, beneficiaries of occasional assistance (in cash and in kind), caregiver status, housing overhead costs, extended maternity leave half or full time (If yes, circle which ones)

## PROTECTED DATA

### DATA ABOUT THE CHILD'S HEALTH AND DEVELOPMENTAL STATUS:

PREGNANCY regular, risky, medicines, other:
DELIVERY in _____ weeks - natural, caesarean section, vacuum, other:
BIRTH WEIGHT _____ / LENGTH _____ / APGAR ____ / ____
THE CHILD'S CONDITION AT AND AFTER THE BIRTH is normal, infection, wrapped umbilical cord, intracranial bleeding, receiving oxygen, incubator or something else:
STATE OF THE MOTHER AFTER CHILDBIRTH:

<b>OVERCOMED AND COMMON DISEASES, CONDITIONS, CHRONIC DISEASES:</b> - more frequent respiratory infections, chronic diseases, allergies, febrile convulsions, epilepsy; malformations of the urogenital tract, injuries and operations, diseases of the endocrine system, cardiac or other (circle)	
Please enter if the child was hospitalized:	
- Hospital:	
- How many days and reason for stay:	_____ days, reason why:
- Difficulties due to separation:	<b>NO / YES</b> - which:

### CHILD'S NEEDS AND HABITS

- The child was breastfed until: _____ months, is still being breastfed
- Appetite: good, bad, picky, excessive
- Independence in feeding: independently, not independently, it is necessary to feed him
- Drinks: from a bottle, use a cup with help, use a cup independently
- How much milk does the child drink per day:
- Does your child has difficulty with chewing and swallowing?
- Eats: mixed, chopped, normal food
- Rituals at feeding:
- Refuses some food:

-	Is there any kind of food that the child does not consume for health reasons, e.g., allergies? NO / YES, which: (Please attach documentation)
-	Special notes:

-	Sleep rhythm: night sleep from ____ to ____ hours	1. daytime sleep from ____ to ____ hours 2. daytime sleep from ____ to ____ hours
-	How does the child fall asleep: pacifier, bottle, breastfeeding, toy or object _____ something else: he falls asleep by himself, easy, hard	
-	The child sleeps: calm, restless, wakes up _____ times, cries at night, screams	
-	Special notes:	

-	Does the child need diaper: NO / YES - All the time, for sleeping - day, night	
-	Weaning from diapers: did not start, started with _____ months.	
-	Now the child: goes to the toilet by himself, asks to be taken, needs to be reminded, needs help, refuses to go, something else	
-	If a child is weaned from diapers, is something happening to him from the list below? a) urinating in panties while awake, while sleeping, how often? _____ b) soiling panties with stool, how often? _____ c) stool retention	
-	Special notes:	
Please enter if the child is included in the monitoring or therapy of a specialist (e.g. physiatrist, neuropediatrician, speech therapist, psychologist, physiotherapist, specialist of another preschool institution, etc.):		
-	Which institution:	
-	What type of specialist:	
-	What therapy:	

<b>The child has developmental difficulties:</b>	
-	Findings and opinions of the body of expertise or decisions of the Croatian Health Insurance Fund: NO / YES
-	Medical and other findings: NO / YES
-	If YES which difficulties:
-	Types of difficulties: a) visual impairment, b) hearing impairments, c) speech-voice communication disorders and specific learning difficulties, d) physical disability, e) mental retardation, f) behavioral disorders caused by organic factors or a progressive psychopathological condition, autism, g) the existence of several types and degrees of difficulties in psychophysical development

## MOTOR AND SENSORY DEVELOPMENT

-	When did the child begin to sit on his own? _____. Did the child crawl and how long? _____ When did your child make first steps? _____
-	How do you assess your child's motor development: a) extremely skilled b) average c) extremely clumsy
-	Do you notice any of the following specifics in the motor development of your child: a) Clumsiness (more frequent fall "popping" and colliding with objects) b) Tendency to injury c) Increased motor movement (lively) d) Walking on toes e) Doesn't like to move f) Other _____
-	-Which hand is the child predominantly using _____  Does the child show interest in carving, drawing and using pencil? _____
-	-Does the child show hypersensitivity to environmental stimuli: a) sound b) touch c) light changes d) smell e) taste f) spinning, rocking g) other _____

## COMMUNICATION AND LANGUAGE-SPEAKING DEVELOPMENT:

-	When you play with your child, you notice:	a) responds to his/her name b) brings you and shows you interesting things, toys c) looks you in the eyes d) looks at you and notices how you react e) laughs when you laugh f) imitates your movements, grimaces, clapping; waves bye-bye g) Whether your child is using a gesture of showing
---	--	--

-The first word with meaning appeared with \_\_\_\_\_ months.  
 The first sentence (e.g. mummy bye-bye) came up with \_\_\_\_\_ months.

-Your child is expressing himself/herself with: a) gesture b) cooing, chatter c) words d) sentence

-Does your child understand what others are saying? YES / NO

-Does your child pronounce all the voices of the Croatian language correctly (only for older children from 3 years): YES / NO

-Does your child have changes in the rhythm and pace of speech (pausing, repeating, accelerating in speech): YES / NO

-You would describe your child's language-speaking development as:  
 a) delayed  
 b) normal  
 c) advanced

-Does the child live in a multilingual environment? YES / NO, what is the primary language in the family environment? \_\_\_\_\_

**DATA ON THE SOCIAL AND EMOTIONAL DEVELOPMENT OF THE CHILD:**

- THE CHILD ATTENDED KINDERGARTEN/ PLAYROOM: NO / YES, WHICH: _____ AT THE AGE OF _____ years	
- If yes, how did it adapt:	a) difficult      b) without major problems
- THE CHILD SEPARATES FROM CLOSE PERSONS:	a) difficult b) without major problems c) did not separate
- WHO HAS BEEN BABYSITTING SO FAR:	
- IN CONTACT WITH UNKNOWN PEOPLE CHILD MOST OFTEN:	a) at first it is cautious b) more difficult to accept new people c) accepts contact immediately d) There is no distance to unknowns
- The child had so far contact with other children:	a) rarely    b) occasionally    c) often
- In contact with other children (CIRCLE):	-watching other children    -playing near them    -shy -withdrawn    -shows less interest in playing with children -trying to get involved in their game    -works well with other children -sometimes shows rudeness towards children (biting, pushing, arguing...) -compassion    -comforts    -helps    -is ready to share, give
- EMOTIONS, MOOD AND HABITS:	a) shows fear of some situations, darkness, persons, masks, sounds, animals: b) is very upset when is separated from parents

	<p>c) complains of abdominal, head pain, etc.  d) often resists demands, often says no and I won't, gets angry, has outbursts of rage  e) Showing jealousy  f) crying a lot  g) has respiratory affective crises  h) shows tics, shakes with hands, unusual hand movements near the face, biting nails, biting oneself, rocking, twisting hair, jumping in place, spinning around oneself, walking in a circle, others:</p>
-	The child usually carries with him an ITEM: NO / YES - pacifier, bottle, diaper, pillow, toy:
-	What is the easiest way to comfort your child:

#### FEATURES OF THE CHILD'S PLAY, ATTENTION AND COGNITION:

-	In the selection of teammates: a) Prefer to play in the company of an adult b) chooses older children, peers, younger children c) rather plays by himself/herself
-	How long can a child spend in INDEPENDENT PLAY: _____, and what is it?
-	<p><b>SHOWS INTEREST IN:</b></p> <p>a) research, active acquaintance with the environment, handling objects, toys: turning, shaking, throwing, inserting, assembling, disassembling...</p> <p>b) learning about concepts from the immediate and wider environment, animals, plants, toys...</p> <p>c) interest in letters, numbers</p> <p>d) stacking stackers</p> <p>e) construction: cube tower, train, houses, garages, settlements</p> <p>f) imitation of the actions that he/she has seen: telephoning, combing, feeding the doll, role-sharing games</p> <p>g) carving, drawing, painting</p> <p>h) games with water, sand, plasticine</p> <p>i) watching picture books, listening to stories, telling events, stories</p> <p>j) listening to music, singing rhymes, acting</p> <p>k) Games with movement - walking, running, jumping, climbing, pulling, riding a tricycle, bicycle, dancing</p> <p>l) foreign languages:</p> <p>m) something else:</p>
-	<p><b>IN THE DEVELOPMENT OF COGNITION – comparing your child with peers, do you notice that:</b></p> <p>a) shows success as well as children of his/hee age</p> <p>b) It needs to be encouraged</p> <p>c) works earlier, faster, more successfully and differently from his/her peers and has better and higher achievements</p>

- Do you think that a child in some potential giftedness in same area:	<b>NO / YES – in the area of:</b>
- ATTENTION in the game or activity retained	a) about as long as children of the same age b) shorter time - often does not finish one game, moves to another, often changes them, is easily interrupted by sounds or stimuli on the side c) playing a game for a long time d) repeat the same activity many time in a row e) sometimes absent, wandering away with thoughts
- IS ACTIVE, ON THE MOVE:	a) approximately as children of the same age b) more active – often on the move, climbing, restless, fidgeting on a chair, rushing through the room c) Less active
- CAUTION IN BEHAVIOR, You need to keep an eye on all the time:	sometimes he moves away from his parents on the playground, on the street; weaker assesses dangers, climbs, puts small or inedible things in his mouth <b>NO / YES</b>

- How much time he spends per day WATCHING CARTOONS AND TV IN GENERAL:	
- How much time he spends watching programs IN A FOREIGN LANGUAGE:	
- What do you like most about your child, WHAT ARE HIS STRENGTHS:	
- WHAT ARE HIS WEAKSIDES, what worries you in the child's behavior, development:	
- What are your expectations from kinderkarten - for a child:  - for yourself:	
- How do you estimate that the child will adapt to kindergarten:	a) no difficulty adjusting b) with initial difficulties, but quickly c) with difficulty adjusting and for a long time

**INFORMATION ABOUT THE PEOPLE WHO WILL BRING AND TAKE THE CHILD OUT OF KINDERGARTEN:**

Adult people who we authorize to bring and take the child to/from the kindergarten in the event of our inability to do so:

1. \_\_\_\_\_ contact: \_\_\_\_\_

2. \_\_\_\_\_ contact: \_\_\_\_\_

3. \_\_\_\_\_ contact: \_\_\_\_\_  
(name and surname) (cell phone number)

I confirm that the authorized person is aware of and agrees with the possible need to present an identity card (identification) if the kindergarten employee requests it, for the purpose of identity confirmation. The authorized person is over 18 years old according to the Family Law.

In Zagreb, \_\_\_\_\_.

Parent's signature:

Professional associate:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_