



BRIGHTON COLLEGE (SINGAPORE)

CHILD DEVELOPMENT INFORMATION FORM

This form is an essential part of our school admissions process and will help us understand what your child requires to thrive and achieve their full potential. Please complete all questions fully and return to your Admissions Manager as part of your application. If you have any questions, or would like to discuss the form in more detail, please do not hesitate to contact us and we will be happy to assist.

Child's Details

Child's Full Name: Date of Birth:

Child's Language

What is your child's English language ability? Beginner Intermediate Advanced Native

What other languages are spoken at home with your child?

Can you child access the curriculum in English without additional support? Yes No Sometimes

Are both parents proficient in English? Yes No

Pregnancy and Delivery

Were there any illness or difficulties for Mother or baby during the pregnancy? Yes No
If yes, please specify and provide details below:

Pre-natal Birth Postnatal

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When was your child born? Early Full-term Late

Infancy and Development

At what age did your child first:

- a. Walk confidently
- b. Say first words
- c. Engage with others through shared interest (point / take hand etc)
- d. Share toys with other children

Were / are there any concerns or challenges with any of the tasks above? If so, please provide details and what support has been provided is currently in place:

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Does or did your child experience feeding or weaning difficulties? Yes No

Can your child feed themselves? Yes No

Have there been any concerns raised about your child's language or communication skills? Yes No

Is your child fully toilet trained? Yes No

Does your child have any vision or hearing difficulties? Yes No

If yes, please provide details and what support is in place:

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What is your child's current sleeping pattern?

Family History

Have there been any significant event in your family:

- a. Is your child adopted? Yes No
- b. Are parents divorced? Yes No
- c. Has your child or any family member had any serious accident / trauma or illness? Yes No
- d. Has your child suffered any bereavement? Yes No
- e. Do you know of any family member who has difficulties in their learning, development, mental health or behaviour? Yes No

If yes, please provide details:

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Child's Personality and Individual Needs

How would you describe your child's personality and temperament?

What are your child's interests?

Does your child have any particular area of strength or interests, achievement or talent? Yes No

Does your child have any particular area of need, or previous involvement (including assessment) with any support professional?

- | | | |
|--|------------------------------|-----------------------------|
| a. Speech and Language Therapy (SaLT) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Occupational Therapy | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Pysiotherapy (Ep or CP) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Counselling | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| e. Individual Learning Plan (IEP) or Behaviour Plan? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| f. Other (please provide details) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If yes, please provide details:

Have any behaviour issues been identified? Yes No

Is your child ever anxious? (e:g when separated from caregivers, busy environment, loud noise) Yes No

If yes, please provide details:

IS there anything else you feel would be helpful for us to know ?
