2024 Englisch

Reporting Sheet B

(goes progressively from the **Day Care Centre** to the **school** and is then completed there)

Interview procedure for four and a half year olds in accordance with Section 42 para. 1 of the law on schools in Hamburg (HmbSG)

Day Care Centre **Day Care Centre No. _____** Name and address (stamp if applicable)	**School** **School No. _____** Name and address (stamp if applicable)
Date:	Date:
Contact person:	Contact person:
Telephone of Day Care Centre / e-mail (official):	Telephone / e-mail (official):
Telephone of parents	

First and last name of the child:	Gender: ☐ m ☐ f ☐ d						
CODE for the child[1]							

Day Care Centre

1 Ongoing therapies or support measures

☐ none ☐ not known

☐ Speech therapy education ☐ Work therapy ☐ Physiotherapy ☐ Play therapy ☐ Curative

☐ Language support in the Day Care Centre ☐ other, namely: _____

Integration assistance / place of integration in the Day Care Centre: ☐ yes ☐ no ☐ has been applied for

2 Summary of the competence assessments from the Day Care Centre

(please transfer from the evaluations in Sheet A – level of competence)

Area	How developed is the competence?				
	very low*	low	age-appropriate	high	very high*
Personal competencies	☐	☐	☐	☐	☐
Motivation	☐	☐	☐	☐	☐
Social competencies	☐	☐	☐	☐	☐
Learning-related methodological competencies	☐	☐	☐	☐	☐
Motor competencies	☐	☐	☐	☐	☐
Mathematical competencies	☐	☐	☐	☐	☐
Language competencies (German)	☐	☐	☐	☐	☐
other area: _____	☐	☐	☐	☐	☐

* corresponds to evidence of pronounced need for support
** corresponds to evidence of special talent

School

3 Review of the language level by the school

Image impulse used: ☐ none ☐ ice cream cone ☐ artist ☐ puddle ☐ swing

Is there need for support in the German language? ☐ yes, pronounced need for support ☐ yes, simple need for support ☐ no

[1] Please generate the child's code according to the following guidelines: 1st Place: first letter of the first First Name 2nd Place: last letter of the first First Name 3rd Place: last letter of the first Last Name 4th & 5th Places: Date of birth (double-digit), 6th & 7th Places: Month of birth (double-digit)

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(Section 28a of HmbSG)

Review recommended ☐ speech therapy ☐ work therapy ☐ curative education

To report for school medical examination on _____ (date)

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Day Care Centre

4 Background information

Child's year of birth: _____ (year) **Attending Day Care Centre since** _____ (month/year)

Duration of Day Care Centre attendance (including crèche):

not at all	less than 1 year	1 to less than 2 years	2 to less than 3 years	3 years or more
☐	☐	☐	☐	☐

Current scope of care: _____ hours per day

	Nationality		Country of birth	
Child	☐ German	☐ other, namely:	☐ Germany	☐ other, namely:
Guardian 1	☐ German	☐ other, namely:	☐ Germany	☐ other, namely:
Guardian 2	☐ German	☐ other, namely:	☐ Germany	☐ other, namely:

Which language(s) is/are spoken in the family?

only German	predominantly German	German & other language(s) in approx. equal proportions	predominantly other language(s)	only other language(s) / no German
☐	☐	☐	☐	☐

If languages other than German are spoken in the family, what are they?

_____

The child has been learning German for: ☐ less than 1 year ☐ 1 to 3 years ☐ more than 3 years

5 Peculiarities of the child

Please enter the child's abilities and interests here as well as any peculiarities or handicaps (e.g. noticeable restlessness, hearing impairment, chronic illness, special educational needs):

6 If applicable, suggestions of the Day Care Centre for promoting or supporting the child

School

7 In the view of the school, was there any deviation from the assessment of the Day Care Centre?

Please mention the deviating points, if applicable

8 Remarks on the observation of the child during the interview at school

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If applicable, suggestions of the school for promoting or supporting development