

(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)

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

<b>First and last name of the child:</b>	Gender: <input type="checkbox"/> m <input type="checkbox"/> f <input type="checkbox"/> d
CODE for the child <sup>1</sup>	

**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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social competencies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learning-related methodological competencies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motor competencies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mathematical competencies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Language competencies (German)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
other area: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

**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

<sup>1</sup> 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**  
education

speech therapy

work therapy

curative

**To report for school medical examination** on \_\_\_\_\_ (date)

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**4 Background information**

Child's year of birth: \_\_\_\_\_ (year)  
 \_\_\_\_\_ (month/year)

Attending Day Care Centre since

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	<input type="checkbox"/> German	<input type="checkbox"/> other, namely:	<input type="checkbox"/> Germany	<input type="checkbox"/> other, namely:
Guardian 1	<input type="checkbox"/> German	<input type="checkbox"/> other, namely:	<input type="checkbox"/> Germany	<input type="checkbox"/> other, namely:
Guardian 2	<input type="checkbox"/> German	<input type="checkbox"/> other, namely:	<input type="checkbox"/> Germany	<input type="checkbox"/> 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**

**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