

# PRELIMINARY REVIEW FORM

(Grades 1 - 2)

Student Name : \_\_\_\_\_  
 IC / Passport No. : \_\_\_\_\_  
 Campus : \_\_\_\_\_ Grade : \_\_\_\_\_

Please rate your child in relation to the statements.

No.	Statement	Never/ Not able to	Sometimes	Always	Don't know
1	When he/she speaks, it is easy to hear and understand				
2	Participates in conversation without talking too much or too little				
3	Packs his/her own bag and equipment for school				
4	Reads at least 20 words				
5	Answers simple questions about stories read to him/her				
6	Can add or subtract numbers independently				
7	Clears table after meals				
8	Invites or joins others for games/ play				
9	Dress himself/herself				
10	Controls feelings when not getting his/her own way				

Additional Remarks / Information on any of the item above:

## DECLARATIONS

Name of Parent / Guardian : \_\_\_\_\_  
 IC / Passport No. : \_\_\_\_\_  
 Relationship : \_\_\_\_\_

\_\_\_\_\_  
 Signature  
 Date : \_\_\_\_\_

Please submit this document together with the Application for Admissions Form to SIS Admin Office.