

PRELIMINARY REVIEW FORM

•	des 3 - 6) ent Name :				
IC / Passport No. : Campus :					
	rate your child in relation to the statements				
Never/ O Don't					
No.	Statement	Not able to	Sometimes	Always	know
1	Has a 2-way conversation for about 3 minutes				
2	Reads materials of at least Grade 2 level.				
3	Can solve number problems				
4	Looks both ways before crossing the road				
5	Invites or joins others for games or activities				
6	Controls feelings when not getting his/her own way				
7	Completes homework exercises independently				
8	Is able to make and keep friends				
9	Looks after and does not lose personal belongings				
10	Congratulates someone when something good happens				
dditi	onal Remarks / Information on any of the	e item above:			
ECL <i>A</i>	RATIONS				
	of Parent / Guardian				
C/P	assport No.			Signature	
Relationship :				Date :	

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



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