



***“What is essential  
is invisible to the eye”***

## **Pedagogical Model Entrance sheet**

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**ATTACHMENT 1.**

**Tool no 1 – The Entrance sheet**

**PREMISE**

The following form should be filled in during the interview with the parents before the beginning of the course. It constitutes the outline of a conversation and should not be filled in as a sterile questionnaire.

**GENERAL DATA:**

1)

- Name .....
- Surname .....
- Place and date of birth .....
- Address ..... ZIP .....
- A.S.L. ....
- Home telephone.....
- Other useful telephone #s.....

2)

- Father's name .....
- Date of birth .....
- Degree .....
- Profession .....

3)

- Mother's name .....
- Date of birth .....
- Degree .....
- Profession .....

4) Siblings:

Name	age	Living together?
.....	.....	SI NO
.....	.....	SI NO
.....	.....	SI NO

Further comments on relationship with siblings

.....  
.....

5) Other people living with the disabled person?

.....

6) Legal disability:

- entitled to accompaniment
- disability pension (100%)
- monthly check (74 - 100%)
- attendance stipend (partial disability for minors)
- no

7) Enrollment in the employment bureau:

- yes
- no

**SCHOOL/TRAINING**

8) Current scholastic-training situation (specify the type, name and telephone of the institution))

.....  
.....

9) Parent's comments on scholastic-training experience:

.....  
.....

Any special needs teacher or professional reference person (name, title, telephone)

.....

**REFERENCE SERVICES**

10) Does the person receive home care?      YES      NO

- Since when? .....
- Name and telephone of the home care professional. ....

11) Is the person currently under the care of a socio-rehabilitative service?      YES      NO

- Which? .....
- In what form? .....

**HEALTH STATUS:**

12) Does the person have particular problems with regard to:

- \* movement.....
- \* vision.....
- \* hearing.....
- \* language.....
- \* food intolerances.....
- \* other.....

13) Is the person currently under rehabilitative therapy?    YES    NO

Which?.....

14) Is the person currently under pharmacological therapy?    YES    NO

Which?.....

**FREE TIME:**

15) – Does the person play sports?                                    YES    NO

- Which and how often? .....
- Where? .....

16) Any other leisure activities?

.....

17) How does the person usually spend the day?

- \* morning .....  
.....  
.....
- \* afternoon .....  
.....  
.....

\* evening .....  
 .....  
 .....

18) How does the person spend Saturdays and Sundays?.....  
 .....

19) Does the person spend time with other people of the same age? .....  
 .....

20) Are there any activities which interest him or her in particular?.....  
 .....

21) Has the person ever had an experience alone away from home? (camping, summer camps, etc.)  
 .....

22) How did he or she live these experiences? .....  
 .....

**SCHOLASTIC ABILITIES:**

23) Can read:      NO      YES:

	Print	cursive
Only letters		
words		
sentences		

24) Understands what he or she reads?      NO      YES

25) Can write:      NO      YES

	Copies	dictation	autonomously
Only letters			
words			
sentences			

26) Can write his or her own signature? NO YES

27) Can read numbers:

- NO
- from 0 to 9
- up to 2-digit numbers
- up to 3-digit numbers
- up to 4-digit numbers
- beyond

28) Recognizes and uses the four operations?

addition	subtraction	multiplication	division
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29) Can use a calculator? NO YES

30) Wears a watch?

With hour and minute hands	digital	NO
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**AUTONOMY:**

31) Can say his or her own name and surname? YES NO

32) Can say his or her own address? YES NO

33) Can say his or her own telephone number? YES NO

34) Owns an identity card? YES NO

Other forms of ID? YES NO

Which?.....

35) Regularly uses a telephone:

- private                    YES            NO
- mobile                    YES            NO

Personal Autonomy

	No	spontaneously	when asked
36) washes self alone			
37) takes a bath or a shower			
38) dresses self			
39) chooses own clothes to wear			
40) keeps own things in order			

Notes and eventual difficulties:

.....

41) Sleeps alone in own room?                    YES    NO

If not, with whom? .....

42) Has regular house chores?                    YES    NO

Which? .....

43) Buys things for self and for home?                    YES    NO

Which things? .....

44) Has an allowance?                    YES    NO

Specify the frequency and the amount: .....

45) Carries money regularly? .....



46) Goes out into the neighborhood?      YES      NO

47) Is entrusted the house keys?                      YES      NO

48) Uses public transportation regularly:      YES      NO

    bus    subway    accompanied    alone

49) Crosses the street autonomously?      YES      NO

Other information:.....  
.....  
.....  
.....  
.....

INTERVIEWED BY.....

PROFESSIONAL'S SIGNATURE.....

DATE.....