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

<table>
<thead>
<tr>
<th>Day Care Centre</th>
<th>Day Care</th>
<th>School</th>
<th>School No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre No.</td>
<td></td>
<td>Name and address (stamp if applicable)</td>
<td></td>
</tr>
<tr>
<td>Name and address (stamp if applicable)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date:</td>
<td>Date:</td>
<td>Contact person:</td>
<td>Contact person:</td>
</tr>
<tr>
<td>Telephone of Day Care Centre / e-mail (official):</td>
<td>Telephone / e-mail (official):</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**First and last name of the child:**

**CODE for the child: 1**

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)

<table>
<thead>
<tr>
<th>Area</th>
<th>How developed is the competence?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>very low*</td>
</tr>
<tr>
<td>Personal competencies</td>
<td>[ ]</td>
</tr>
<tr>
<td>Motivation</td>
<td>[ ]</td>
</tr>
<tr>
<td>Social competencies</td>
<td>[ ]</td>
</tr>
<tr>
<td>Learning-related methodological competencies</td>
<td>[ ]</td>
</tr>
<tr>
<td>Motor competencies</td>
<td>[ ]</td>
</tr>
<tr>
<td>Mathematical competencies</td>
<td>[ ]</td>
</tr>
<tr>
<td>Language competencies (German)</td>
<td>[ ]</td>
</tr>
<tr>
<td>other area:</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

* 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

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

(Section 28a of **HmbSG**)

**Review recommended**

☐ speech therapy
☐ work therapy
☐ curative education

**To report for school medical examination** on _________________ (date)
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

<table>
<thead>
<tr>
<th>Nationality</th>
<th>Country of birth</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child</td>
<td>[ ] German</td>
</tr>
<tr>
<td></td>
<td>[ ] other, namely: Germany</td>
</tr>
<tr>
<td>Guardian 1</td>
<td>[ ] German</td>
</tr>
<tr>
<td></td>
<td>[ ] other, namely: Germany</td>
</tr>
<tr>
<td>Guardian 2</td>
<td>[ ] German</td>
</tr>
<tr>
<td></td>
<td>[ ] other, namely: Germany</td>
</tr>
</tbody>
</table>

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

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

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