**Informationen zur Beratungsanfrage**

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| *Name des Kindes / Jugendlichen* | |  | | | | | | | | |
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| *Vorschulischer Werdegang* | |  | | | | | | | | |
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| *Schulischer Werdegang* | |  | | | | | | | | |
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| *Beginn der Schulpflicht* | |  | | *Zurückstellung vom Schulbesuch* | | | | | |  |
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| *Wiederholung einer Klasse* | |  | *Wie oft?* | | |  | *Päd. Versetzung* | | |  |
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| *Sonderpädagogischer Förderbedarf* | |  | *Wenn ja, Förderschwerpunkt* | | | | | |  | |
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| *Familiäre Situation* | |  | | | | | | | | |
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| *Medizinische Indikation* | | | | | | | | | | |
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| *Sozialverhalten* | | | | | | | | | | |
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| *Lern- und Arbeitsverhalten* | | | | | | | | | | |
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| *Motorik / Wahrnehmung*  *unauffällig*  *oder* | | | | | | | | | | |
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| *Deutsch ist* | | | | | *Das Kind geht seit* | | | | | |
| *die Muttersprache* | | | | |  | | | *regelmäßig zur* | | |
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| *die Zweitsprache* | | | | | *Logopädie* | | | *außerschul. Fördermaßnahmen* | | |
| *sprachl. Auffälligkeiten zeigen sich auch in der Herkunftssprache* | | | | | *Ergotherapie* | | |  | | |
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| *Familiensprache* |  | | | | *Physiotherapie* | | |  | | |
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| *Sprache / Kommunikation  unauffällig  oder* | | | | | | | | | | |
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| ***Schulleistungen*** | | | | | | | | | | |
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| *Deutsch  Leistungen entsprechen den Anforderungen  oder* | | | | | | | | | | |
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| *Mathematik  Leistungen entsprechen den Anforderungen  oder* | | | | | | | | | | |
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| *Andere Fächer  Leistungen entsprechen den Anforderungen  oder* | | | | | | | | | | |
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| *Besondere Stärken* | | | | | | | | | | |
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| *Problemschilderung* | | | | | | | | | | |
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| *Zusammenarbeit mit den Eltern/Sorgeberechtigten* | | | | | | | | | | |
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| *Zusammenarbeit mit außerschulischen Institutionen* | | | | | | | | | | |
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| *Weitere Anmerkungen* | | | | | | | | | | |
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*Datum:*  *Unterschrift:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_