OŠ DRAGUTINA DOMJANIĆA

GAJNICE 31

**UPITNIK ZA RODITELJE PRI UPISU DJECE U PRVI RAZRED**

1**.PODACI O DJETETU**

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| PREZIME I IME DJETETA |  |
| DATUM I ROĐENJA |  |
| OIB DJETETA |  |
| MJESTO I DRŽAVA ROĐENJA |  |
| ADRESA PREBIVALIŠTA/BORAVIŠTA |  |

2**.PODACI O RODITELJIMA ( MAJKA )**

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| PREZIME I IME MAJKE |  |
| GODINA I MJESTO ROĐENJA MAJKE |  |
| ZANIMANJE MAJKE, ZAPOSLENA U…….. |  |
| KONTAKT MOBITEL MAJKE |  |
| E-MAIL MAJKE |  |
| ADRESA PREBIVALIŠTA/BORAVIŠTA MAJKE |  |

3**.PODACI O RODITELJIMA ( OTAC )**

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| PREZIME I IME OCA |  |
| GODINA I MJESTO ROĐENJA OCA |  |
| ZANIMANJE OCA, ZAPOSLEN U…….. |  |
| KONTAKT MOBITEL OCA |  |
| E-MAIL OCA |  |
| ADRESA PREBIVALIŠTA/BORAVIŠTA OCA |  |

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| **4. DIJETE ŽIVI S** a) oba roditelja b) majkom c) ocem d) starateljem e) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **5. RODITELJI ŽIVE** | a) zajedno | c) jedan roditelj pokojni ( navesti koji )\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | b) rastavljeno | d) drugo: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |
| **6. BROJ DJECE U OBITELJI** | a) jedno | c) troje |
|  | b) dvoje | d) više od troje ( navesti koliko) \_\_\_\_\_\_\_\_\_ |
| **7. BROJ DJECE KOJI VEĆ IDU U ŠKOLU** | | \_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |
| **8.** **DIJETE POLAZI** | a) vrtić | c) nije polazilo ni vrtić ni malu školu |
|  | b) malu školu | d) drugo: \_\_\_\_\_\_\_\_\_\_\_ |

**9.** **IZBORNI PREDMETI KOJE UČENIK/CA ŽELI UPISATI** (potrebno popuniti izjavu- link na stranici škole)

a) katolički vjeronauk b) informatika c) ništa

**10.** **REDOVNI STRANI JEZIK KOJI BI UČENIK/CA ŽELIO UPISATI** (*ovo je samo informativno pitanje, škola zadržava pravo organizacije razreda prema svojim mogućnostima)*

a) engleski jezik

b) njemački jezik

c) talijanski jezik

d) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**11. PRODUŽENI BORAVAK** a) DA b) NE

**12. PRIJEVOZ UČENIKA** – učenik ima potrebu za organiziranim prijevozom iz

a) BIZEK (školski bus)

b) GORNJI STENJEVEC (redovita linija ZET)

c) nema potrebe za organiziranim prijevozom

**13. DIJETE JE** a) ljevak b) dešnjak c) ambidekster ( koristi jednako i lijevu i desnu ruku )

**14.** **BOLUJE LI DIJETE OD NEKE BOLESTI** ( astma, alergija, epilepsija, dijabetes, anemija..) **ILI ALERGIJE**

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**15.** **IMA LI DIJETE SMETNJE** **U PONAŠANJU** ( tikovi-žmirkanje,trzanje, noćno mokrenje, grickanje noktiju, sisanje prstiju, česte glavobolje…)

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**16.** **DIJETE je-nije DOŽIVJELO FIZIČKU TRAUMU** ( *povredu, nezgodu). Ako je, navesti koju i u kojoj godini života.*

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**17. DIJETE je-nije DOŽIVJELO PSIHIČKU TRAUMU** *( smrt bliske osobe, porodične svađe, agresivnost roditelja, prometnu nesreću…). Ako je, navesti koju i u kojoj godini života.*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**18. JE LI DIJETE BILO U TRETMANU STRUČNJAKA** (npr. logopeda, edu.rehabilitatora, psihologa), **POLAZI LI I DALJE TRETMAN I RAZLOG ODLASKA**

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**19**. **GOVOR DJETETA**

a) razvijen b) teškoće u izgovoru glasova c) mucanje d) tepanje e) \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**20. VID DJETETA** a) normalan b) kratkovidnost c) dalekovidnost d) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**21. SLUH DJETETA** a) normalan b) nagluhost c) gluhoća d)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**22.** **PONAŠANJE DJETETA**

a) smireno

b) dijete pokazuje motorički nemir

c) problemi s pažnjom i koncentracijom

d) brzopletost i impulzivnost

e)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**23.** **DIJETE JE PROŠLE ŠKOLSKE GODINE IMALO ODGODU UPISA U PRVI RAZRED** a) DA b) NE

**24. Postoji li nešto što bismo trebali znati u vezi s Vašim djetetom, a u ovom upitniku nije obuhvaćeno prethodnim pitanjima?**

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1. Koju osobinu Vašeg djeteta najviše volite?

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1. Koju osobinu biste voljeli da Vaše dijete razvije?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Kako Vaše dijete doživljava polazak u školu?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Što mislite da će Vašem djetetu biti najteže u školi?

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1. U čemu imate najviše poteškoća s Vašim djetetom?

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1. Ima li Vaše dijete neki hobi ili slobodnu aktivnost?

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1. Kada je Vaše dijete tužno, kako ga utješite?

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1. Kako Vaše dijete iskazuje ljutnju?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Kada je Vaše dijete ljutito, što ga smiruje?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Koga Vaše dijete najviše uvažava i sluša u obitelji?

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1. Čega se boji Vaše dijete?

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1. Kako Vaše dijete reagira na neuspjeh (npr. kada gubi u nekoj društvenoj igri)?

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1. Što smatrate najvažnijim da škola treba pružiti Vašem djetetu?

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**UPITNIK ISPUNIO/LA a) majka b) otac c) skrbnik d)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Potpis osobe koja je ispunila upitnik\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Datum:\_\_\_\_\_\_\_\_\_\_**