OŠ DRAGUTINA DOMJANIĆA

GAJNICE 31

**UPITNIK PRI UPISU DJECE U PRVI RAZRED**

Ime i prezime djeteta: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Adresa prebivališta: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Datum rođenja: \_\_\_\_\_\_\_\_\_\_\_\_\_ Grad i država rođenja: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OIB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PRODUŽENI BORAVAK : a) DA b) NE

IZBORNI PREDMETI: a) INFORMATIKA b) KATOLIČKI VJERONAUK

(možete odabrati nijedan, jedan ili oba izborna)

**ISPUNJAVA ISPITIVAČ**

|  |  |
| --- | --- |
| Opći podatci |  |
| Vremenska i prostorna orijentacija |  |
| Pamćenje |  |
| Opće znanje i sposobnosti |  |
| Matematičko predznanje |  |
| Predčitalačke vještine |  |
| Zapažanja |  |
| **Ukupno bodovi** | **/56** |

**Napomena:**

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**PODACI O RODITELJIMA**

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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 |  |

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

|  |  |  |
| --- | --- | --- |
| **DIJETE ŽIVI S** a) oba roditelja b) majkom c) ocem d) starateljem e) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **RODITELJI ŽIVE** | a) zajedno | c) jedan roditelj pokojni ( navesti koji )\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | b) rastavljeno | d) drugo: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |
| **BROJ DJECE U OBITELJI** | a) jedno | c) troje |
|  | b) dvoje | d) više od troje ( navesti koliko) \_\_\_\_\_\_\_\_\_ |
|  |  |  |
| **DIJETE POLAZI** | a) vrtić |  |
|  | b) malu školu |  |

**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

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

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

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

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

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

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

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

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

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

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

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