

Anhang

Dokumentationsbogen Einschulungsuntersuchung 2013

Bezirksamt:

Datum:

| Dokumentationsbogen für die Einschulungsuntersuchungen der KJGD im Land Berlin | | | | | | | |
|--|--|--|--|--|--|--|--|
| KJGD-Stelle: | Schuljahr: 2013 | | | | | | |
| Name, Vorname <input style="width: 350px;" type="text"/> | Geb.-datum <table border="1" style="display: inline-table; width: 60px; height: 20px; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> | | | | | | |
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| Ärztliche Anmerkungen: | | | | | | | |
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| Laufende Nummer <table border="1" style="display: inline-table; width: 60px; height: 20px; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> | | | | | 1. Allgemeine und soziale Anamnese | | |
| | | | | | | | |
| 1. Wohnort des Kindes <table border="1" style="display: inline-table; width: 60px; height: 20px; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> | | | | | 10. Kind ist seit Geburt in Deutschland ja (1) nein (0) keine Angabe (99) | | |
| | | | | | | | |
| 2. Untersuchungsmonat und -jahr <table border="1" style="display: inline-table; width: 60px; height: 20px; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> | | | | | 11. Dauer des Kita-/Einrichtungsbesuches Kind hat keine Kita/Einrichtung besucht (0) Kitas/Einrichtungen für Jahre <table border="1" style="display: inline-table; width: 20px; height: 20px; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td></tr></table> Monate <table border="1" style="display: inline-table; width: 20px; height: 20px; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td></tr></table> keine Angabe (99) | | |
| | | | | | | | |
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| | | | | | | | |
| 3. Nummer der Schule (Achtung! Schulnr. von SenBJW) <table border="1" style="display: inline-table; width: 60px; height: 20px; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> | | | | | 12. Kind lebt überwiegend bei den Eltern (1) allein erziehender Mutter (2) allein erziehendem Vater (3) allein erziehender Mutter und Vater (4) anderswo (5) keine Angabe (99) | | |
| | | | | | | | |
| 4. Nummer Untersucher(in) <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> | | | 13. Schulabschluss (ggf. den höchsten angeben) | | | | |
| | | | | | | | |
| 5. Anmeldung zur Untersuchung Schulpflichtig (bis 31.12.) (1) Antragsweise (bis 31.03.) (2) Nach Rückstellung im Vorjahr (3) | Mutter Vater | | | | | | |
| 6. Geburtsmonat und -jahr <table border="1" style="display: inline-table; width: 60px; height: 20px; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> | | | | | ohne Abschluss (0) (0) Hauptschulabschluss (1) (1) mittlere Reife / MSA / 10. Klasse (2) (2) Abitur/Fachabitur (3) (3) keine Angabe (99) (99) | | |
| | | | | | | | |
| 7. Geschlecht männlich (1) weiblich (2) | | | | | | | |
| 8. Staatsangehörigkeit von Deutschland (1) <table border="1" style="display: inline-table; width: 150px; height: 20px; vertical-align: middle;"></table> keine Angabe (99) | | | | | | | |
| 9. Herkunft aus Deutschland (1) <table border="1" style="display: inline-table; width: 150px; height: 20px; vertical-align: middle;"></table> keine Angabe (99) | | | | | | | |

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|---|--|----------|--|--|--|------------------------|--|--|--|--|--------|-------|--|-----|-----|-----------------------|-----|-----|--|-----|-----|---|-----|-----|--------------|------|------|--|--------|----------|------------|--------------------------|-----|-----------|--------------------------|-----|---------|--------------------------|-----|-------|--------------------------|-----|---------------------------------|--------|----------|-----|--------------------------|-----|-------------|--------------------------|-----|--------------|--------------------------|-----|--|--|--|--------|--------------------------|-----|-------|--------------------------|-----|--------|--------------------------|-----|------------|--------------------------|-----|-----------------|--------------------------|-----|---|--|--|--|--------|-------|--------------------------|--|--|--------------------|-----|-----|--------------------|-----|-----|---------------------|-----|-----|---------------------|-----|-----|--------------|------|------|--------------------------|--|--------------------|--|--------------|------|--|----|--------|-----------|-----|-----|---------------|-----|-----|----------------|-----|-----|----------------|-----|-----|----------------|-----|-----|--------------|------|------|------|-----|----|-----|--------------|------|------------|-----|----------------|-----|--------------------------------------|--|--------|--------|--------|--------|--------|--------|---------|--------|-------------|-----|-------------------------------------|-----|----------------------------------|-----|--|-----|---------------------------------------|-----|--------------|------|--------------|-----|-------------|-----|------------|-----|--------------|------|
| KJGD-Stelle: | | | | | | Schuljahr: 2013 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="border: 1px solid black; padding: 2px;"> Laufende Nummer <div style="display: flex; width: 100px; height: 20px; border: 1px solid black;"></div> </div> <div style="text-align: center; flex-grow: 1;"> 2. Soziale und medizinische Anamnese </div> </div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <p>14. Berufliche Ausbildung (ggf. die höchste angeben)</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Mutter</th> <th style="text-align: center;">Vater</th> </tr> </thead> <tbody> <tr> <td>ohne bzw. ohne abgeschlossene Berufsausbildung</td> <td style="text-align: center;">(0)</td> <td style="text-align: center;">(0)</td> </tr> <tr> <td>in Ausbildung/Studium</td> <td style="text-align: center;">(1)</td> <td style="text-align: center;">(1)</td> </tr> <tr> <td>abgeschlossene Berufsausbildung/Fachschulabschluss</td> <td style="text-align: center;">(2)</td> <td style="text-align: center;">(2)</td> </tr> <tr> <td>abgeschlossenes Studium (Uni, Fachhochschule)</td> <td style="text-align: center;">(3)</td> <td style="text-align: center;">(3)</td> </tr> <tr> <td>keine Angabe</td> <td style="text-align: center;">(99)</td> <td style="text-align: center;">(99)</td> </tr> </tbody> </table> </div> <div style="width: 48%;"> <p>20. Impfstatus</p> <p>Heft fehlt (0)</p> <p>Heft fehlt, Kind hat keinerlei Impfungen (1)</p> <p>Heft vorhanden (2)</p> <p style="text-align: right; font-size: small;">nur bei 3 dok. Impf. Abstand zw. 2. und 3. Impfung ≥ 6 Monate</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Anzahl der Impfdosen (keine Impfungen = 0)</th> <th style="text-align: center;">ja (1)</th> <th style="text-align: center;">nein (0)</th> </tr> </thead> <tbody> <tr> <td>Diphtherie</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">(0)</td> </tr> <tr> <td>Pertussis</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">(0)</td> </tr> <tr> <td>Tetanus</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">(0)</td> </tr> <tr> <td>Polio</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">(0)</td> </tr> <tr> <td>mind. 2 Dosen Virelon® erhalten</td> <td style="text-align: center;">ja (1)</td> <td style="text-align: center;">nein (0)</td> </tr> <tr> <td>Hib</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">(0)</td> </tr> <tr> <td>Hepatitis B</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">(0)</td> </tr> <tr> <td>Pneumokokken</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">(0)</td> </tr> <tr> <td colspan="3">1. Pneumokokkenimpf. (M u. J.) <div style="display: flex; width: 100px; height: 20px; border: 1px solid black;"></div></td> </tr> <tr> <td>Masern</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">(0)</td> </tr> <tr> <td>Mumps</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">(0)</td> </tr> <tr> <td>Röteln</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">(0)</td> </tr> <tr> <td>Varizellen</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">(0)</td> </tr> <tr> <td>Meningokokken C</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">(0)</td> </tr> <tr> <td colspan="3">1. Meningokokkenimpf. im 1. Lj. ja (1) nein (0)</td> </tr> </tbody> </table> </div> </div> <div style="width: 48%;"> <p>15. Erwerbstätigkeit der Eltern</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Mutter</th> <th style="text-align: center;">Vater</th> </tr> </thead> <tbody> <tr> <td>nicht erwerbstätig, weil</td> <td></td> <td></td> </tr> <tr> <td>finde keine Arbeit</td> <td style="text-align: center;">(0)</td> <td style="text-align: center;">(0)</td> </tr> <tr> <td>habe andere Gründe</td> <td style="text-align: center;">(1)</td> <td style="text-align: center;">(1)</td> </tr> <tr> <td>teilzeitbeschäftigt</td> <td style="text-align: center;">(2)</td> <td style="text-align: center;">(2)</td> </tr> <tr> <td>vollzeitbeschäftigt</td> <td style="text-align: center;">(3)</td> <td style="text-align: center;">(3)</td> </tr> <tr> <td>keine Angabe</td> <td style="text-align: center;">(99)</td> <td style="text-align: center;">(99)</td> </tr> </tbody> </table> <p>16. Anzahl aller im Haushalt lebenden Personen</p> <table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>Erwachsene (älter 18 J.)</td> <td style="text-align: center;"><div style="display: flex; width: 40px; height: 20px; border: 1px solid black;"></div></td> </tr> <tr> <td>Kinder (bis 18 J.)</td> <td style="text-align: center;"><div style="display: flex; width: 40px; height: 20px; border: 1px solid black;"></div></td> </tr> <tr> <td>keine Angabe</td> <td style="text-align: center;">(99)</td> </tr> </tbody> </table> <p>17. Anzahl der Raucher im Haushalt</p> <div style="text-align: center;"> <div style="display: flex; width: 40px; height: 20px; border: 1px solid black;"></div> </div> <p>keine Angabe (99)</p> <p>18. Durchschnittl. tägl. Konsum elektron. Medien</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">TV</th> <th style="text-align: center;">Spiele</th> </tr> </thead> <tbody> <tr> <td>gar nicht</td> <td style="text-align: center;">(0)</td> <td style="text-align: center;">(0)</td> </tr> <tr> <td>max. 1 Stunde</td> <td style="text-align: center;">(1)</td> <td style="text-align: center;">(1)</td> </tr> <tr> <td>max. 2 Stunden</td> <td style="text-align: center;">(2)</td> <td style="text-align: center;">(2)</td> </tr> <tr> <td>max. 3 Stunden</td> <td style="text-align: center;">(3)</td> <td style="text-align: center;">(3)</td> </tr> <tr> <td>über 3 Stunden</td> <td style="text-align: center;">(4)</td> <td style="text-align: center;">(4)</td> </tr> <tr> <td>keine Angabe</td> <td style="text-align: center;">(99)</td> <td style="text-align: center;">(99)</td> </tr> </tbody> </table> <p>Kind hat eigenen Fernseher</p> <table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="text-align: right;">nein</td> <td style="text-align: center;">(0)</td> </tr> <tr> <td style="text-align: right;">ja</td> <td style="text-align: center;">(1)</td> </tr> <tr> <td style="text-align: right;">keine Angabe</td> <td style="text-align: center;">(99)</td> </tr> </tbody> </table> <p>19. Vorsorgestatus</p> <table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>Heft fehlt</td> <td style="text-align: center;">(0)</td> </tr> <tr> <td>Heft vorhanden</td> <td style="text-align: center;">(1)</td> </tr> <tr> <td>Die folgenden Untersuchungen fehlen:</td> <td></td> </tr> <tr> <td>U1 (0)</td> <td>U2 (1)</td> </tr> <tr> <td>U4 (3)</td> <td>U5 (4)</td> </tr> <tr> <td>U7 (6)</td> <td>U8 (8)</td> </tr> <tr> <td>U7a (7)</td> <td>U9 (9)</td> </tr> </tbody> </table> </div> <div style="width: 48%;"> <p>21. Geburtsgewicht (g)</p> <div style="text-align: center;"> <div style="display: flex; width: 100px; height: 20px; border: 1px solid black;"></div> </div> <p>keine Angabe (99)</p> <p>22. Körpergröße (cm)</p> <div style="text-align: center;"> <div style="display: flex; width: 100px; height: 20px; border: 1px solid black;"></div> </div> <p>keine Angabe (99)</p> <p>23. Körpergewicht (kg)</p> <div style="text-align: center;"> <div style="display: flex; width: 100px; height: 20px; border: 1px solid black;"></div> </div> <p>keine Angabe (99)</p> <p>24. Zustand des Gebisses</p> <table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>naturgesund</td> <td style="text-align: center;">(1)</td> </tr> <tr> <td>Füllungen, keine (deutliche) Karies</td> <td style="text-align: center;">(2)</td> </tr> <tr> <td>Füllungen und (deutliche) Karies</td> <td style="text-align: center;">(3)</td> </tr> <tr> <td>keine Füllungen und (deutliche) Karies</td> <td style="text-align: center;">(4)</td> </tr> <tr> <td>Stümpfe / Extraktion(en) wegen Karies</td> <td style="text-align: center;">(5)</td> </tr> <tr> <td>keine Angabe</td> <td style="text-align: center;">(99)</td> </tr> </tbody> </table> <p>25. Händigkeit</p> <table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>rechtshändig</td> <td style="text-align: center;">(1)</td> </tr> <tr> <td>linkshändig</td> <td style="text-align: center;">(2)</td> </tr> <tr> <td>beidhändig</td> <td style="text-align: center;">(3)</td> </tr> <tr> <td>keine Angabe</td> <td style="text-align: center;">(99)</td> </tr> </tbody> </table> </div> | | | | | | | | | | | Mutter | Vater | ohne bzw. ohne abgeschlossene Berufsausbildung | (0) | (0) | in Ausbildung/Studium | (1) | (1) | abgeschlossene Berufsausbildung/Fachschulabschluss | (2) | (2) | abgeschlossenes Studium (Uni, Fachhochschule) | (3) | (3) | keine Angabe | (99) | (99) | Anzahl der Impfdosen (keine Impfungen = 0) | ja (1) | nein (0) | Diphtherie | <input type="checkbox"/> | (0) | Pertussis | <input type="checkbox"/> | (0) | Tetanus | <input type="checkbox"/> | (0) | Polio | <input type="checkbox"/> | (0) | mind. 2 Dosen Virelon® erhalten | ja (1) | nein (0) | Hib | <input type="checkbox"/> | (0) | Hepatitis B | <input type="checkbox"/> | (0) | Pneumokokken | <input type="checkbox"/> | (0) | 1. Pneumokokkenimpf. (M u. J.) <div style="display: flex; width: 100px; height: 20px; border: 1px solid black;"></div> | | | Masern | <input type="checkbox"/> | (0) | Mumps | <input type="checkbox"/> | (0) | Röteln | <input type="checkbox"/> | (0) | Varizellen | <input type="checkbox"/> | (0) | Meningokokken C | <input type="checkbox"/> | (0) | 1. Meningokokkenimpf. im 1. Lj. ja (1) nein (0) | | | | Mutter | Vater | nicht erwerbstätig, weil | | | finde keine Arbeit | (0) | (0) | habe andere Gründe | (1) | (1) | teilzeitbeschäftigt | (2) | (2) | vollzeitbeschäftigt | (3) | (3) | keine Angabe | (99) | (99) | Erwachsene (älter 18 J.) | <div style="display: flex; width: 40px; height: 20px; border: 1px solid black;"></div> | Kinder (bis 18 J.) | <div style="display: flex; width: 40px; height: 20px; border: 1px solid black;"></div> | keine Angabe | (99) | | TV | Spiele | gar nicht | (0) | (0) | max. 1 Stunde | (1) | (1) | max. 2 Stunden | (2) | (2) | max. 3 Stunden | (3) | (3) | über 3 Stunden | (4) | (4) | keine Angabe | (99) | (99) | nein | (0) | ja | (1) | keine Angabe | (99) | Heft fehlt | (0) | Heft vorhanden | (1) | Die folgenden Untersuchungen fehlen: | | U1 (0) | U2 (1) | U4 (3) | U5 (4) | U7 (6) | U8 (8) | U7a (7) | U9 (9) | naturgesund | (1) | Füllungen, keine (deutliche) Karies | (2) | Füllungen und (deutliche) Karies | (3) | keine Füllungen und (deutliche) Karies | (4) | Stümpfe / Extraktion(en) wegen Karies | (5) | keine Angabe | (99) | rechtshändig | (1) | linkshändig | (2) | beidhändig | (3) | keine Angabe | (99) |
| | Mutter | Vater | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ohne bzw. ohne abgeschlossene Berufsausbildung | (0) | (0) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| in Ausbildung/Studium | (1) | (1) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| abgeschlossene Berufsausbildung/Fachschulabschluss | (2) | (2) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| abgeschlossenes Studium (Uni, Fachhochschule) | (3) | (3) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| keine Angabe | (99) | (99) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Anzahl der Impfdosen (keine Impfungen = 0) | ja (1) | nein (0) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Diphtherie | <input type="checkbox"/> | (0) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| mind. 2 Dosen Virelon® erhalten | ja (1) | nein (0) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Pneumokokken | <input type="checkbox"/> | (0) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Pneumokokkenimpf. (M u. J.) <div style="display: flex; width: 100px; height: 20px; border: 1px solid black;"></div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Meningokokken C | <input type="checkbox"/> | (0) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Meningokokkenimpf. im 1. Lj. ja (1) nein (0) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| nicht erwerbstätig, weil | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| finde keine Arbeit | (0) | (0) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| habe andere Gründe | (1) | (1) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| teilzeitbeschäftigt | (2) | (2) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| vollzeitbeschäftigt | (3) | (3) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| keine Angabe | (99) | (99) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Erwachsene (älter 18 J.) | <div style="display: flex; width: 40px; height: 20px; border: 1px solid black;"></div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Kinder (bis 18 J.) | <div style="display: flex; width: 40px; height: 20px; border: 1px solid black;"></div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| keine Angabe | (99) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | TV | Spiele | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| gar nicht | (0) | (0) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| max. 1 Stunde | (1) | (1) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| max. 2 Stunden | (2) | (2) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| max. 3 Stunden | (3) | (3) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| über 3 Stunden | (4) | (4) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| keine Angabe | (99) | (99) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| ja | (1) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Heft fehlt | (0) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Heft vorhanden | (1) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Die folgenden Untersuchungen fehlen: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| U1 (0) | U2 (1) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| U4 (3) | U5 (4) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| U7 (6) | U8 (8) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| U7a (7) | U9 (9) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| naturgesund | (1) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Füllungen, keine (deutliche) Karies | (2) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Füllungen und (deutliche) Karies | (3) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| keine Füllungen und (deutliche) Karies | (4) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Stümpfe / Extraktion(en) wegen Karies | (5) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| keine Angabe | (99) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| rechtshändig | (1) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| linkshändig | (2) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| beidhändig | (3) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| keine Angabe | (99) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Bezirksamt:

Datum:

| Dokumentationsbogen für die Einschulungsuntersuchungen der KJGD im Land Berlin | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--------------------------|----------------|--------------------------|---------|--------------------------|------|------------------------|------|--------|-------|--------|-------|------------|-----|--------|-------|-------|-------|--------|--------|----------|-----|------------|------|-----|------|-----------|------|--|------|--------|-------|-------|--|------|-------|----------------|-----|-----|-----|--------------------------|--------------|-----|-----|------------|-----|-----|-----|---------------------|--------------|-----|-----|--------------|------|------|------|-------|--------------------------|-------|--------------------------|--------|--------------------------|--------|--------------------------|-------|--------------------------|---------|--------------------------|-------|--------------------------|-------|--------------------------|-----|--------------------------|--|-----|------|-----|-----|-----|-----|----------------|-----|-----|------|-----|-----|-----|-----|-----------------|-----|-----|------|-----|-----|-----|-----|
| KJGD-Stelle: | | | | | | | Schuljahr: 2013 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 20%;"> laufende Nummer <div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px;"></div> </div> <div style="width: 80%; text-align: center;"> 3. Sinnesorgane / Empfehlungen </div> </div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 26. Sehen Brille nein (0) ja (1) keine Angabe (99) Visus ohne Brille (1) mit Brille (2) keine Angabe / nicht möglich (99) <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th colspan="2">Visus</th> <th colspan="2">Vorschaltlinse</th> </tr> <tr> <th>rechts</th> <th>links</th> <th>rechts</th> <th>links</th> </tr> </thead> <tbody> <tr> <td>Rodenstock</td> <td></td> <td>besser</td> <td>(1)</td> </tr> <tr> <td></td> <td></td> <td>gleich</td> <td>(2)</td> </tr> <tr> <td>Sehtafel</td> <td></td> <td>schlechter</td> <td>(3)</td> </tr> <tr> <td></td> <td></td> <td>k. Angabe</td> <td>(99)</td> </tr> </tbody> </table> Stereosehen Anzahl erkannter Stereobilder <input type="checkbox"/> keine Angabe / verweigert (99) Farbsehen unauffällig (1) auffällig (2) keine Angabe / verweigert (99) | | | | | Visus | | Vorschaltlinse | | rechts | links | rechts | links | Rodenstock | | besser | (1) | | | gleich | (2) | Sehtafel | | schlechter | (3) | | | k. Angabe | (99) | 31. Ärztliche Beurteilung der Entwicklung <table style="width: 100%; text-align: center;"> <thead> <tr> <th></th> <th>o.B.</th> <th>auff.</th> <th>k.A.</th> <th>N</th> <th>B</th> <th>Ü</th> <th>kK</th> </tr> </thead> <tbody> <tr> <td>Körperkoord.</td> <td>(0)</td> <td>(1)</td> <td>(99)</td> <td>(1)</td> <td>(2)</td> <td>(3)</td> <td>(4)</td> </tr> <tr> <td>Visuomotorik</td> <td>(0)</td> <td>(1)</td> <td>(99)</td> <td>(1)</td> <td>(2)</td> <td>(3)</td> <td>(4)</td> </tr> <tr> <td>vis. Wahrn.</td> <td>(0)</td> <td>(1)</td> <td>(99)</td> <td>(1)</td> <td>(2)</td> <td>(3)</td> <td>(4)</td> </tr> <tr> <td>Sprache</td> <td>(0)</td> <td>(1)</td> <td>(99)</td> <td>(1)</td> <td>(2)</td> <td>(3)</td> <td>(4)</td> </tr> <tr> <td>Mengenvorw.</td> <td>(0)</td> <td>(1)</td> <td>(99)</td> <td>(1)</td> <td>(2)</td> <td>(3)</td> <td>(4)</td> </tr> <tr> <td>em.-soz. Entw.</td> <td>(0)</td> <td>(1)</td> <td>(99)</td> <td>(1)</td> <td>(2)</td> <td>(3)</td> <td>(4)</td> </tr> <tr> <td>kognitive Entw.</td> <td>(0)</td> <td>(1)</td> <td>(99)</td> <td>(1)</td> <td>(2)</td> <td>(3)</td> <td>(4)</td> </tr> </tbody> </table> 32. Schulische Förderung empfohlen keine Förderung notwendig (0) Sprache (1) Visuomotorik (2) visuelle Wahrnehmung (3) Körperliche und motorische Entwicklung (4) emotionale/soziale Entwicklung (5) Lernen (6) 33. Sonderpädagogischer Förderbedarf kein Antrag empfohlen (0) Sehen (1) Hören (2) Sprache (3) körperliche und motorische Entwicklung (4) geistige Entwicklung (5) autistische Behinderung (6) emotionale/soziale Entwicklung (7) Lernen (8) | | | | | | o.B. | auff. | k.A. | N | B | Ü | kK | Körperkoord. | (0) | (1) | (99) | (1) | (2) | (3) | (4) | Visuomotorik | (0) | (1) | (99) | (1) | (2) | (3) | (4) | vis. Wahrn. | (0) | (1) | (99) | (1) | (2) | (3) | (4) | Sprache | (0) | (1) | (99) | (1) | (2) | (3) | (4) | Mengenvorw. | (0) | (1) | (99) | (1) | (2) | (3) | (4) | em.-soz. Entw. | (0) | (1) | (99) | (1) | (2) | (3) | (4) | kognitive Entw. | (0) | (1) | (99) | (1) | (2) | (3) | (4) |
| Visus | | Vorschaltlinse | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| rechts | links | rechts | links | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Rodenstock | | besser | (1) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | gleich | (2) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sehtafel | | schlechter | (3) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | k. Angabe | (99) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | o.B. | auff. | k.A. | N | B | Ü | kK | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Körperkoord. | (0) | (1) | (99) | (1) | (2) | (3) | (4) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Visuomotorik | (0) | (1) | (99) | (1) | (2) | (3) | (4) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| vis. Wahrn. | (0) | (1) | (99) | (1) | (2) | (3) | (4) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sprache | (0) | (1) | (99) | (1) | (2) | (3) | (4) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mengenvorw. | (0) | (1) | (99) | (1) | (2) | (3) | (4) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| em.-soz. Entw. | (0) | (1) | (99) | (1) | (2) | (3) | (4) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| kognitive Entw. | (0) | (1) | (99) | (1) | (2) | (3) | (4) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 27. Hören <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th colspan="2">Audiogramm</th> <th colspan="5">Frequenz [Hz]</th> <th></th> </tr> <tr> <th>dB</th> <th>500</th> <th>1.000</th> <th>2.000</th> <th>4.000</th> <th>6.000</th> <th>k.A.</th> </tr> </thead> <tbody> <tr> <td>rechts</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>(99)</td> </tr> <tr> <td>links</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>(99)</td> </tr> </tbody> </table> Auswertung verwendbar ja (1) nein (0) | | | | | Audiogramm | | Frequenz [Hz] | | | | | | dB | 500 | 1.000 | 2.000 | 4.000 | 6.000 | k.A. | rechts | | | | | | (99) | links | | | | | | (99) | 34. Mitteilung nach § 5 Abs. 3 der Grundschul-VO nein, kein Förderbedarf (0) nein, abgelehnt (1) nein, andere Gründe (2) ja (Unterschrift liegt vor) (3) 35. Rückstellung vom KJGD befürwortet kein Antrag auf Rückstellung gestellt (0) ja, Rückstellung wird befürwortet (1) nein, Rückstellung nicht befürwortet (2) von vorzeitiger Einschulung abgeraten (3) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Audiogramm | | Frequenz [Hz] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| dB | 500 | 1.000 | 2.000 | 4.000 | 6.000 | k.A. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| rechts | | | | | | (99) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| links | | | | | | (99) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 28. Sinnesorgane <table style="width: 100%; text-align: center;"> <thead> <tr> <th></th> <th>o.B.</th> <th>auff.</th> <th>k.A.</th> <th>N</th> <th>B</th> <th>Ü</th> <th>kK</th> </tr> </thead> <tbody> <tr> <td>Sehen</td> <td>(0)</td> <td>(1)</td> <td>(99)</td> <td>(1)</td> <td>(2)</td> <td>(3)</td> <td>(4)</td> </tr> <tr> <td>Hören</td> <td>(0)</td> <td>(1)</td> <td>(99)</td> <td>(1)</td> <td>(2)</td> <td>(3)</td> <td>(4)</td> </tr> </tbody> </table> 29. Deutschkenntnisse <table style="width: 100%; text-align: center;"> <thead> <tr> <th></th> <th>Kind</th> <th>Mutter</th> <th>Vater</th> </tr> </thead> <tbody> <tr> <td>nicht</td> <td>(1)</td> <td>(1)</td> <td>(1)</td> </tr> <tr> <td>einzelne Worte</td> <td>(2)</td> <td>(2)</td> <td>(2)</td> </tr> <tr> <td>flüssig mit erh. Fehlern</td> <td>(3)</td> <td>(3)</td> <td>(3)</td> </tr> <tr> <td>(sehr) gut</td> <td>(4)</td> <td>(4)</td> <td>(4)</td> </tr> <tr> <td>hat nicht begleitet</td> <td></td> <td>(9)</td> <td>(9)</td> </tr> <tr> <td>keine Angabe</td> <td>(99)</td> <td>(99)</td> <td>(99)</td> </tr> </tbody> </table> 30. Entwicklungsdiagnostik / S-ENS + SOPESS <table style="width: 100%; text-align: center;"> <tbody> <tr> <td>Köko.</td> <td><input type="checkbox"/></td> <td>Pseu.</td> <td><input type="checkbox"/></td> <td>Plural</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Visuo.</td> <td><input type="checkbox"/></td> <td>Wort.</td> <td><input type="checkbox"/></td> <td>Artiku.</td> <td><input type="checkbox"/></td> </tr> <tr> <td>ViWa.</td> <td><input type="checkbox"/></td> <td>Sätze</td> <td><input type="checkbox"/></td> <td>MV</td> <td><input type="checkbox"/></td> </tr> </tbody> </table> | | | | | | o.B. | auff. | k.A. | N | B | Ü | kK | Sehen | (0) | (1) | (99) | (1) | (2) | (3) | (4) | Hören | (0) | (1) | (99) | (1) | (2) | (3) | (4) | | Kind | Mutter | Vater | nicht | (1) | (1) | (1) | einzelne Worte | (2) | (2) | (2) | flüssig mit erh. Fehlern | (3) | (3) | (3) | (sehr) gut | (4) | (4) | (4) | hat nicht begleitet | | (9) | (9) | keine Angabe | (99) | (99) | (99) | Köko. | <input type="checkbox"/> | Pseu. | <input type="checkbox"/> | Plural | <input type="checkbox"/> | Visuo. | <input type="checkbox"/> | Wort. | <input type="checkbox"/> | Artiku. | <input type="checkbox"/> | ViWa. | <input type="checkbox"/> | Sätze | <input type="checkbox"/> | MV | <input type="checkbox"/> | 36. Rückstellung vom Schulamt erfolgt ja (1) 37. Zusatzangabe (Senat) <input style="width: 150px;" type="text"/> 38. Zusatzangabe (Bezirk) <input style="width: 150px;" type="text"/> | | | | | | | | | | | | | | | | | | | | | | |
| | o.B. | auff. | k.A. | N | B | Ü | kK | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sehen | (0) | (1) | (99) | (1) | (2) | (3) | (4) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Hören | (0) | (1) | (99) | (1) | (2) | (3) | (4) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Kind | Mutter | Vater | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| nicht | (1) | (1) | (1) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| einzelne Worte | (2) | (2) | (2) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| flüssig mit erh. Fehlern | (3) | (3) | (3) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (sehr) gut | (4) | (4) | (4) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| hat nicht begleitet | | (9) | (9) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| keine Angabe | (99) | (99) | (99) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Köko. | <input type="checkbox"/> | Pseu. | <input type="checkbox"/> | Plural | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Visuo. | <input type="checkbox"/> | Wort. | <input type="checkbox"/> | Artiku. | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ViWa. | <input type="checkbox"/> | Sätze | <input type="checkbox"/> | MV | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |