

Dvergsnes 4/15/2021

**Invitation to START-UP CONVERSATION MARITIPPEN KINDERGARTEN**

Welcome!

Being parents, You know the child best and can therefore give us the information that we in the kindergarten need to be able to take care of your children in the best possible way. Such as : Understanding the child, help/guide it to well-being and further development.

**The following topics are headlines in the start-up conversation:**

-The first visit and the child as a person

-Family and network

-Everyday life, interaction and language used at home or in general with the family

-Physical and mental health

-Your Expectations to the Kindergarten

Signatures needed :

**I agree that given information follows the child when switching departments in the same kindergarten : YES/NO**

**Parental conferences, observations and health information are in the child's personal locked-down file. Only department personnel will have access to the files.**

**Documents related to external authorities will only be accessed by the general manager and deputy manager. The documents are locked away in cabinets.**

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| **Date and time of the conversation:** | **The child's name, language/nationality:** |
| **Date of birth:** | **Present during the conversation:** |
| **Mother's name, language/nationality:** | **Father's name, language/nationality:** |
| **Siblings, name and age:** |  |

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| **DESCRIPTION OF THE CHILD AS A PERSON:** | |
| **1.** How do you describe your child? What are the child's strengths?   * Can you describe your child's personality/behaviour * Does the child give expression for when it is happy, satisfied, tired, hungry, has pain, is sorry etc.? * What gives the child good comfort? * Is there something about your child who worries you? * How has the first time been up to now been? Was there something special about pregnancy and childbirth that might be relevant? Premature? * Has the child gone to kindergarten before? * If your child is not born in Norway: Will you tell a little about your home country? Experiences? |  |

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| **FAMILY/NETWORK:** | |
| **2**. Who lives with the child?  (Who has daily care?)   * Other important people for the child in the network? Grandparents, siblings etc? * Do you have family in the neighborhood? * Does your family have contact with other support agencies? (Family Center, PPT, Health station, child welfare or others?) * If the parents are not living together, clear whether the parents want to have conversations together or separately. How is the visitation- plan if the child has shared residency? (See separate type) * How was/is the child's response to parents ' breakages? |  |

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| **LIFE, INTERACTION AND LANGUAGE IN THE FAMILY:** | |
| 1. Share how your everyday life looks with you:  * What is important to you in the interaction of the family? * What do you do when you are most comfortable together? Activities (reading, playing games, tours, singing etc) * How do you set limits for your child? * What is important to you in the children's upbringing? * How will you describe your child's language? (if multilingual; how would you describe your child's mother tongue?) -Dyslexia in the family-hearing-tight tongue tape * Any traditions/dates that are important to the family? |  |
| **HEALTH:** | |
| 1. How is the child's need for sleep and rest? Diapers, toilet-training, food.  * What type of food is the child accustomed to? Are there any allergies/food intolerances? * Have your child experienced frightening experiences; accident, serious illness, fatalities etc? * What thoughts do you have about diet/physical activity? |  |
| **EXPECTATIONS:** | |
| **5**. What expectations do you have for  kindergarten?   * What is important to you? Is there something we should have particular focus on in order to support the child most in everyday life and its development? * Is it other than what we have been experiencing in this conversation that we in kindergarten should know about? |  |

If you have any questions after this conversation please do not hesitate, ask for a new conversation or contact us by mail or phone.

**The parents have been informed of:**

-Confidentiality (Barnehageloven §20)

-The confidentiality of the Childs Welfare Service (Barnehageloven §22)

-Informed about partners; PPT, the health station, family center (family house), child welfare, UIA and schools.

-All with, TRAS and home page.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Educator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_