Appendix A: Neurological evaluation form

Date of birth: Sex: F M

Birth weight: Premature birth: Yes No

Birth type: Normal Caesarean

Complications during pregnancy (bleeding, triple test etc.): …………………

Complications during delivery? ………………………………………

Neonatal hospitalization ?: Yes No

Major diseases or hospitalizations to date? ……… Reason: …………………

Parental consanguinity …………………………………………………

No. of siblings

Siblings with school problems, developmental delays, neurological diseases? Provide details if any.

Appendix B: Parent and teacher interview forms

<table>
<thead>
<tr>
<th>Below Average</th>
<th>Average</th>
<th>Above Average</th>
</tr>
</thead>
</table>

School grades

Relationship with friends

Attention

Adaptation

Mood and behavior

Other