



All about...



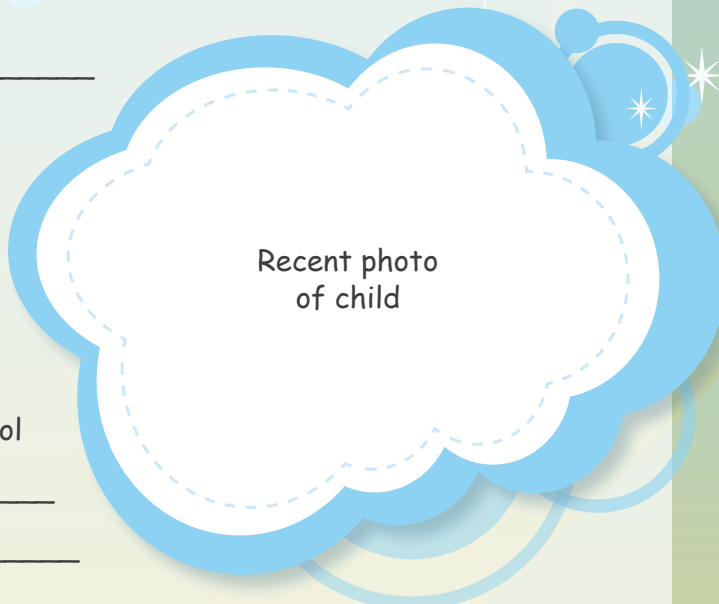
Faith and Learning. . . Celebrating the journey

Introduction to School Package

My name is _____

All About Me!

(This page is for you and your child to complete together)



Recent photo of child

My birthday is _____

I will be _____ years old when I start school

My eyes are _____

My hair is _____

There are _____ people in my family

My favourite food is _____

I like to _____

I am good at _____

When I grow up, I want to be _____

(Remaining pages are to be completed by child's parent/guardian)

Child's home address: _____

Home phone number: _____

Home email address: _____

	MOTHER	FATHER	GUARDIAN
Name	_____	_____	_____
Street Address	_____	_____	_____
City/Town	_____	_____	_____
Postal Code	_____	_____	_____
Occupation	_____	_____	_____
Place of work	_____	_____	_____
Work address	_____	_____	_____
Work City/Town	_____	_____	_____
Daytime phone	_____	_____	_____
Evening phone	_____	_____	_____
Email address	_____	_____	_____
Legal custody* <input type="checkbox"/> Joint custody <input type="checkbox"/> Sole custody	(please enclose a copy of custody agreement)		

Emergency Contact

(if parents/guardian cannot be reached)

Name _____

Address _____

Phone _____

Relationship to child _____

Child's health card number _____

Other health insurance _____

Family doctor _____

Family doctor's office phone number _____

Dentist _____

Dentist's office phone number _____

Attached copy of up-to-date vaccination history

Significant events

(recent death in the family, separation, new baby, moving etc.)

Preschool or Daycare attended (if applicable):

Name of Preschool/Daycare: _____

Location: _____

Attended from _____ to _____

Most recent teacher/caregiver _____

Former teacher/caregiver can be reached at _____

Do you own any pets? _____

Child will be coming to school by:

Regular Bus Mobility Bus Taxi Parent/Guardian driving Walking

Other details you want us to know about your child coming to school:

Does your child have siblings, friends or special family members (other than Mom & Dad or guardian)?

Other people my child knows at school



Helping us get to know your child:

What words would you use to describe your child?

Use as many adjectives as possible, eg. happy, funny, active, talkative, sensitive...

What do others say about your child? (catchy phrases)

e.g. He makes me laugh; She makes me see things differently

What is your child good at? (special interests, skills)

What are some of your child's favourite things?

(please list)

What are some of the special things your child does for you?



In the Classroom:

I'm looking forward to my child doing these things this year:
(parent target goals and expectations)

Things my child may need help with & strategies that work:

It would really help my child if you could ...
Ideas, examples, key words or phrases that work.

Things my child does not like	
Things that my child is afraid of	
Things that distress or upset my child	
Things that make my child anxious	
Things my child needs help with	



Things that encourage my child to try something hard or do something he/she does not want to do

Social (smiles, hugs, praise, pats on the back, thumbs up etc.) _____

Activity (games, toys, music, videos, puzzles, books, swings, water play, trampoline etc.) _____

Edible (food, drink) _____

Token (stickers, checkmarks, stamps) _____

These signs mean my child is trying to tell you something:



In the Classroom:

If the above strategies have been missed, my child may:

- | | |
|--|--|
| <input type="checkbox"/> have verbal outbursts | <input type="checkbox"/> risk safety of self |
| <input type="checkbox"/> risk safety of others | <input type="checkbox"/> act impulsively |
| <input type="checkbox"/> attempt to run away | <input type="checkbox"/> become overly passive |
| <input type="checkbox"/> Other | <input type="checkbox"/> have physical outbursts |
| | <input type="checkbox"/> wander off |



Please provide any detail about the behaviours checked off above:

Play-preferences

ABC

My child prefers

- Functional Play - Play in which a child explores a toy to see how s/he can make it "work".

- Solitary Play - Play in which children play without regard for what other children around them are doing. A child may be constructing a tower with blocks and be completely oblivious to what other children in the room are doing.

- Parallel Play - Play in which children play side by side without interaction.

- Cooperative Play - Play in which children interact with other children.

Turn-taking ability Age appropriate YES NO NOT SURE

Favourite games, sports, books, and songs:

Communication Style:

1. Expressive communication:

e.g. communicating wants, needs, thoughts, ideas, beliefs, desires

Age appropriate YES NO NOT SURE

Communication Methods: (check all that apply)

speech gestures, mime PEC's (Picture exchange communication system)

Sign

use of eye contact

Sound or articulation difficulty - please describe

Ability to be understood by familiar listeners YES NO

1 2 3

Requires use of specialized equipment and/or materials - please describe

2. Receptive communication: understanding others' communication of their wants, needs, thoughts, ideas, beliefs, desires, etc.

Comprehension of others' speech Age appropriate YES NO NOT SURE

Understands the meaning of pictures Age appropriate YES NO NOT SURE

Ability to read facial expression & body language Age appropriate YES NO NOT SURE



Daily living skills: **d** **e**

Dressing

- Independent
- May need verbal prompting
- Needs partial assistance
- Needs total assistance

Toileting

- Independent
- May need verbal prompting
- Needs partial assistance
- Needs total assistance

Feeding

- Independent
- May need verbal prompting
- Needs partial assistance
- Needs total assistance

Gross Motor skills (mobility)

- Independent YES NO

VISION

NORMAL

- YES
- NO
- NOT EVALUATED

HEARING

NORMAL

- YES
- NO
- NOT EVALUATED

CENTRAL AUDITORY PROCESSING

NORMAL

- YES
- NO
- NOT EVALUATED

Details

	YES	NO	REFERAL DATE	REFERAL DATE
School Board SLP				
SHSSP (CCAC)				
Occupational Therapy				
Physiotherapy				



What You Really Need to Know About My Child :

Special Concerns

allergies _____

diet _____

medication (please detail if medication is sent to school)

seizures _____

orthopedic concerns _____

mobility/stability _____

Walks Creeps/crawls Wheelchair Stroller Walker Helmet

Splints Standing Frame Crutches Other _____

Is special handling required? Yes (please describe) No

J K L m

physical concerns _____

Feeding concerns

Tube Fed Medical Concerns

Assistive Devices _____

Toileting concerns

Bowel Incontinence Bladder Incontinence Equipment

Needed Please describe training program if applicable

Other concerns



Pon



Current /Active Services

SERVICE	AGENCY	FREQUENCY/ STATUS	CONTACT/ EXT.	REPORT AVAILABLE (DATE)

Summary of Specialized Equipment Needs (if required)



DEVICE/ EQUIPMENT	PURCHASE DETAILS		PRESCRIPTIVE LETTER AVAILABLE		EQUIPMENT WILL TRAVEL TO SCHOOL		PRESCRIBING THERAPIST	INSTRUCTIONS FOR USE/WHO WILL PROVIDE INSTRUCTIONS
	OWNS	REQUIRES PURCHASE	YES	NO	YES	NO		



This is a picture
I drew of me

