



Kindergarten Orientation Form

*We make every effort to ensure the best possible educational decisions are made for your child. By completing this form you will be providing information to the Kindergarten teachers that will assist them in making decisions about the placement of students in classes, which in turn can contribute to your child's successful transition into Kindergarten in September. The information that you provide on this form will be viewed by the Kindergarten teachers only and will be kept in confidence. **Kindly complete the form and return by email to braemar@sd44.ca, subject line 'K Orientation Form', by Friday, June 19, 2020.***

1. Child's Name:

First: _____ Middle: _____ Last: _____

2. Birthday: Day _____ Month _____ Year _____ Gender _____

3. Parent/Guardian Names:

Parent/Guardian 1 - First _____ Last _____

Parent/Guardian 2 - First _____ Last _____

4. Sibling Names and Ages:

Sisters: name _____ age _____ Brothers: name _____ age _____

name _____ age _____ name _____ age _____

5. Languages spoken at home: _____

6. Early Learning Experiences: Preschool _____

Childcare _____

7. Will your child be attending childcare during the school year?

No Yes Name of Childcare Provider _____

8. Other group experiences prior to Kindergarten:

Music Sports Clubs Other (please specify): _____

9. Names and grade levels of your child's close friends:

10. Are there any areas in which you anticipate your child may need special assistance?

Social, emotional, academic, etc. _____

Do you have any concerns for your child in the following areas:

Speech Vision Hearing Other _____

Additional information (Allergies/Health Concerns)

11. Outside Support Services:

Speech and Language (length of service) _____

Supported Childcare (length of service) _____

Ministry of Children and Families (contact person) _____

North Shore Health (type of support) _____

Other _____

12. Educational/Medical Assessments and/or Reports:

Previous School Reports (year) _____

Speech and Language (year) _____

Psych-educational Assessment (year) _____

Occupational Therapy Assessment (year) _____

Physical Therapy Assessment (year) _____

Behavioural Assessment (year) _____

Other _____

13. My child dresses himself/herself independently: Completely Partially Never

14. My child eats meals independently: Completely Partially Never

15. If a K/1 Combined Class were available at our school, would your child be a good candidate?

No Yes Please provide more detail:

16. Additional information that might be useful to the school: