**Brooksbank Elementary School - Kindergarten Pupil Information**

**Getting to know your child**

We make every effort to ensure the best possible educational decisions are made for your child. Knowing some background information about each student can help teachers make these decisions. By completing this form, you will be providing information to the staff 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 only be viewed by the Kindergarten teachers, learning support teachers, and school administrators and will be kept in confidence.

1. Child’s Name: (Circle the name the child would like to be called by)

First: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle: \_\_\_\_\_\_\_\_\_\_\_\_\_ Last: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Birthday: Day \_\_\_\_\_\_\_\_\_\_ Month \_\_\_\_\_\_\_\_\_\_\_\_ Year \_\_\_\_\_\_\_\_\_\_\_\_

3. Siblings names and ages:

Sisters: Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ age: \_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ age: \_\_\_\_

Brothers: Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ age: \_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ age: \_\_\_\_

4. List any severe allergies or diagnosed medical conditions:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. What was the Primary language heard by your child from 0-36 months old? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is the Primary Language spoken at home now? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What other languages are spoken at home? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Will your child need support with speaking English: Y / N

6. Will your child be attending before/afterschool care during the school year? No\_\_\_ Yes\_\_\_

Name of before/after school care program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. What are your child’s strengths?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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8. What are your child’s 1st, 2nd and 3rd play preferences:

\_\_\_ Dress-up \_\_\_ Lego/Trains/Blocks \_\_\_ Playing in Nature/ Outside \_\_\_ Painting

\_\_\_ Drawing/coloring \_\_\_ Music/Dance \_\_\_ Water/Sand Table \_\_\_ Kitchen Centre

\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9. When with other children, does your child prefer to play alone with one child more than one child.

10. Does your child have any difficulties playing with other children? Yes \_\_\_ No \_\_\_

Please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

11. Behaviors you are currently working on at home:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

12. Early Learning experiences (Check all that apply):

Private Preschool Community (Not for Profit) Preschool

Homebased Private Daycare Centre based Private Daycare

Centre based Community (Not for Profit) Daycare Strong Start

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hours per day? \_\_\_\_ Number of days per week? \_\_\_\_ Number of months since birth? \_\_\_\_

13. Group based learning experiences prior to Kindergarten: (Please list types of activities)

Music/ Lessons \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sports/ Teams \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Clubs \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

14. My child dresses independently: Completely \_\_\_\_\_ Partially \_\_\_\_\_ Never \_\_\_\_\_

15. My child uses the washroom independently: Completely \_\_\_\_\_ Partially \_\_\_\_\_ Never \_\_\_\_\_

16. My child eats independently: Always \_\_\_\_\_ Sometimes \_\_\_\_\_ Never \_\_\_\_\_

17. Are there any areas in which your child may need special assistance?

(Self-help/care skills, getting along with peers, managing behavior, anxiety, etc.). \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

18. Has your child been seen by, or is your child on a waitlist for an appointment with any of the following specialists:

Occupational Therapy Speech and Language Pathologist

Vision Hearing

Physio-therapist Pediatrician

Sunnyhill Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* *to any of the above? We will contact you directly to find out more information.*

21. Could you please tell us of your child’s social interactions during COVID?

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22. Is there anything else you think we should know in order to support your child’s transition into Kindergarten? Including close friendships?

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(attach page if necessary)

Your name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Daytime Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_