



## TELL US ABOUT Your Child

**Child's Name** \_\_\_\_\_ **Birth Date** \_\_\_\_\_

In order to provide the best care for your child, open communication is key. We benefit tremendously from a comprehensive, honest introduction to him or her from your perspective. Please answer the following questions. Failure to disclose pertinent information could jeopardise placement or re-enrolment. We regret that we cannot accept students with primary behavioural problems. All communication is confidential.

### 1) Family

Languages spoken at home \_\_\_\_\_  
\_\_\_\_\_

Values Important to your family \_\_\_\_\_  
\_\_\_\_\_

2) **Medical History** \_\_\_\_\_  
\_\_\_\_\_

### 3) Educational History

Is your child currently attending school/day care centre?      Yes \_\_\_\_\_ No \_\_\_\_\_

Reason for leaving current school/daycare \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### 4) Learning/Behavioural History

Have you ever received a recommendation for an assessment of any kind?  
Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please share information regarding assessments / pending assessments / diagnoses / indicators for or of speech therapy, occupational therapy, dyslexia, ASD (autism spectrum disorder), Tourette's syndrome, ADHD, giftedness, learning disabilities, etc., or anything else which may be a factor in your child's learning.

\_\_\_\_\_  
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**5) Your Child's Temperament (including Likes and Dislikes)**

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**6) Greatest Joy You Have Experienced With Him/Her**

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**7) Greatest Challenges Presented to You by Your Child**

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**8) A Single Word to Describe Your Child**

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**9) Anything Else You Feel Would Be Helpful For Us to Know**

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Feel free to use the reverse side of this sheet if necessary.

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_