



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

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.

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

6) Greatest Joy You Have Experienced With Him/Her

7) Greatest Challenges Presented to You by Your Child

8) A Single Word to Describe My Child

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

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

Parent's signature _____ Date _____