



## ACCESSIBILITY:

To request this file in large print, please email [aoda@wcdsb.ca](mailto:aoda@wcdsb.ca) or call (519) 578-3660.

\_\_\_\_\_  
First Name of Child

\_\_\_\_\_  
Last Name of Child

\_\_\_\_\_  
Date of Birth (yyyy-mm-dd)

1. Tell us what you would like your child's educators to know about your child.
  
2. How does your child typically respond in new situations?
  
3. Has your child experienced any significant changes in their family life, which would be helpful for school personnel to know?
  
4. Has your child had experience in a daycare?  No  Yes, please explain:
  
5. Language spoken at home: \_\_\_\_\_  
Other language(s) spoken: \_\_\_\_\_
  
6. Does your child currently demonstrate a speech/language difficulty?  No  Yes, please explain:
  
7. Has your child received assistance from any Community Service Agency during the preschool years? (e.g., speech & language therapy, physical therapy, occupational therapy, KidsAbility, Front Door, K-W Habilitation Resource Services, Intensive Behaviour Intervention).  
 No  Yes, please explain:
  
8. Has your child had a recent hearing assessment?  No  Yes
  
9. Has your child had a recent vision assessment?  No  Yes



10. Does your child experience any allergies that staff should be aware of?  No  Yes, please explain:

11. Has your child been diagnosed with asthma?  No  Yes

12. Does your child have a diagnosis and/or require any medications on a regular basis?

No  Yes, please explain:

13. Is there any regular physical activity in which your child cannot or should not participate?

No  Yes, please explain:

14. Does your child independently care for their toileting needs?  No  Yes

Please note: If your child is unable to care for their toileting needs independently, families may be called to assist their child at school. Should your family require assistance in toilet learning strategies, please visit: [My Toilet Learning Guide](#)

15. Is your child able to assist in their own dressing? (e.g., put on own shoes, coat)  No  Yes

#### Notice of Collection

Personal information on this form is collected under the authority of section 28(2) of the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA) and section s.265(1)(d) of the Education Act to support the creation of a student record. Personal information will be retained in the student's OSR. Questions about the personal information collected on this form can be directed to the Superintendent of Education responsible for Early Learning at WCDSB at 35 Weber St. W., Kitchener Ontario, N2H 3Z1 or 519-578-3660.

**Completed by:** Parent/Guardian

**Distribution:** Parent/Guardian → Kindergarten Teacher

**Retention:** O.S.R. (Current +1 Year)