Peterborough Victoria Northumberland and Clarington Catholic District School Board

ELK 001

KINDERGARTEN SCHOOL ENTRY QUESTIONNAIRE

Dear Parent(s)/Guardian(s): Thank you for taking the time to complete this "School Entry Questionnaire" with as much detail as possible. This will allow your child's educators to get to know your child better and assist in planning the most appropriate program for him/her. Should you need assistance in the completion of this form, please contact the school's principal. Thank you!

PLEASE FORWARD COMPLETED QUESTIONNAIRE TO THE SCHOOL PRINCIPAL.

Name of Child:		**D.O.B.:**	

1.	Other children in the family:		
		Age:	
		Age:	
		Age:	
2.	Others in the household:		
		Relationship to the child:	
		Relationship to the child:	
3.	What type of child care does your child receive?		

☐ Parent ☐ Nursery School ☐ Daycare Centre ☐ Babysitter ☐ Other

HEALTH INFORMATION

1.	Do you have concerns about your child's eating habits (e.g., likes, dislikes)?					
	☐ No	☐ Yes	Please Specify:			
2.	Does your child have any allergies?					
	☐ No	☐ Yes	Please Specify:			
3.	Does your child use the toilet during the day (i.e. toilet trained)?	☐ Yes	☐ No			
4.	Has your child had:	☐ Ear infections?	#	☐ Fluid in ears?	☐ Tubes?	#

5.	Has your child been tested in the following areas:					
*	☐	Hearing?	☐	Occupational therapy?		
*	☐	Vision?	☐	Physiotherapy?		
	☐	Speech and language?	☐	Pediatric assessment?	Name of pediatrician	

What recommendations, if any, were made following these assessments?

Note: In order to ensure a positive entry to school, it would be beneficial if you could please provide a copy of any assessment reports you have received.

*** We suggest that you consider having your child's vision and hearing tested before school entry.**

6.	Does your child require any medication on a regular basis?			
	☐ No	☐ Yes	Please Specify:	
7.	Does your child have, or has your child had, a serious illness or medical condition?			
	☐ No	☐ Yes	Please Specify:	
8.	Has your child received assistance from any community health agency during the pre-school years? (i.e. Kinark, 5 Counties, NCDC)			
	☐ No	☐ Yes		

If yes, please list the agency (or agencies) and describe the assistance:	

9.	Does your child sleep well most nights?
	☐ Yes ☐ No
10.	What is your child's general bedtime routine?

SOCIAL AND EMOTIONAL INFORMATION

1.	Please tell us a little about things your child enjoys doing:				
2.	Describe your child's choice of playmates (same age, younger, older, adults, alone):				
3.	Does your child prefer to play:	☐ By him/herself	☐ With other children		
4.	Does your child make friends easily?	☐ Often	☐ Seldom	☐ Never	
5.	Does your child take turns and share with other children?	☐ Often	☐ Seldom	☐ Never	
6.	Does your child comfort someone who is upset?	☐ Often	☐ Seldom	☐ Never	
7.	Does your child play near and talk to other children while continuing with his/her own activity?	☐ Often	☐ Seldom	☐ Never	
8.	Does your child talk with other children when playing?	☐ Often	☐ Seldom	☐ Never	
9.	Does your child engage in pretend play (e.g. playing house, police officer, etc.)?	☐ Often	☐ Seldom	☐ Never	
10.	Does your child look for adult approval (e.g. "Watch me." or "Look what I did")?	☐ Often	☐ Seldom	☐ Never	
11.	What kinds of responsibilities does your child have at home (e.g. dressing self, tidying up)?				
12.	How does your child react to new situations (e.g., shy, fearful, curious, excited)?				
13.	How does your child react to being away from Mom or Dad?				
14.	How does your child interact with siblings?				
15.	Describe any situations in which your child becomes particularly excitable, frustrated, upset, fearful or angry (e.g. not getting own way, doing a difficult task):				
16.	What techniques have you found to be effective in the situations described above?				
17.	Has your child experienced any significant changes in his or her family life in the past (e.g. death of a family member, moving, birth of a baby, separation or divorce)? Please describe and give approximate dates.				
18.	How do you see your child accepting classroom routines (e.g. waiting turn, cleaning up, sharing with others)?				
19.	Do you have any concerns about your child's behavior that you would like to discuss?	☐ No	☐ Yes		
Please Specify:					

SPEECH/LANGUAGE INFORMATION

1.	At what approximate age did your child start talking?						
2.	Does your child speak in sentence of at least 4-5 words?					☐ Yes	☐ No
3.	Do your child's sentences make sense?					☐ Yes	☐ No
4.	Is your child easily understood by people outside of the family?					☐ Yes	☐ No
5.	Can your child follow directions to do two (2) or more things in a row (e.g., Put your toys away and wash your hands before lunch?)					☐ Yes	☐ No
6.	Does your child ask a lot of questions?	☐	Often	☐	Seldom	☐ Never	
7.	Does your child enjoy: Listening to stories?					☐ Yes	☐ No
	Looking at books?					☐ Yes	☐ No
8.	Do you read to your child daily?					☐ Yes	☐ No
9.	Can your child retell or tell a story when looking at a book?					☐ Yes	☐ No
10.	What primary language is spoken in the home?						
11.	What additional languages are spoken in the home?						

FINE & GROSS MOTOR SKILLS

1.	Has your child had experience with:			
	Drawing, colouring, painting?	☐ Yes	☐ No	
	Using plasticine, play dough?	☐ Yes	☐ No	
	Using scissors?	☐ Yes	☐ No	
2.	At approximately what age did your child:			
	Walk?			
	Catch a ball?			
	Climb stairs?			

How did you hear about our Catholic School? (e.g., radio, website, twitter, friends, parish, school newsletter, other)

Information Collection Authorization: This information is collected pursuant to the Board's education responsibilities as set out in the Education Act and its regulations. The information is collected or education purposes and is within guidelines set out in the Municipal Freedom of Information and Protections of Privacy Act, 1989. This information will become part of the Ontario Student Record and Student Services file. Any questions with respect to this information should be directed to the Principal of the School to which you are applying/registered. Users: Supervisory Officers, Principals, Teachers and Student Services staff.

Copies to: 1. Ontario Student Record (OSR) 2. Parent(s)/Guardian(s) (upon request)