

EARLY LEARNING PARENT QUESTIONNAIRE



School: _____

Student Name: _____

Date of Birth (M/D/Y): _____

Completed By: _____

Main contact number: _____

Family Members - Names:	Age and Grade:	School Attending:
_____	_____	_____
_____	_____	_____
_____	_____	_____

FEES

2018 / 2019 fees Please consult with your school regarding the 2018/2019 fee schedule.

Prepayment of \$100 is due with registration to secure a preschool placement. This will be applied to your yearly fee.

Payment options:

Pay in full by Sept 1st **or** 10 post-dated cheques **or** Monthly Direct Debit from your account.

Cheques and Direct Debit to be dated for the first of each month.

Has your child previously received Program Unit Funding? Yes No

I would like more information about PUF services

QUESTIONNAIRE

1. Please describe your child in terms of strengths or needs in the following areas:

What is your child's basic knowledge of colors, numbers, letters, shapes etc? :

Does your child have a hand preference for tasks like eating, coloring etc?:

How does your child communicate with you (non-verbal, sign user, 1,2,3, word user, speaks in sentences, etc?):

In an emergency situation, would your child be able to clearly communicate their needs to get help?

Does your child attempt to communicate or engage others in conversation?

Does your child make eye contact when you or others speak to him/her?

How are your child's motor skills (coloring, cutting, ball skills, running, jumping, stairs, etc.):

Has your child shown a sensitivity to touch, noises, heights, movement, light, etc.:

Social Relationships (solitary or side by side play, imaginative play, seeks to communicate and play with other children, etc.):

How does your child follow directions and problem solve?

How does your child manage his/her Behavior (follow directions, aggression, crying, ignoring, etc.):

What strategies does your family use when your child has an outburst or becomes aggressive?

How long is your child able to attend to a game or activity?

2. Please describe how your child manages the following life skills:

Mobility:

Feeding:

Self-Care (brushing teeth, washing face, etc.):

Dressing:

Communicating with Words:

Toileting:

Simple Routines:

3. **Does your child have any medical needs that we need to know about? (ie: allergies, diabetes, etc.) Please describe:**

4. **Is your child currently on medication and would this need to be administered at school? _____**

If so, please obtain form 316-1 (**Medication Administration Request and Authorization**) from your school, which will need to be signed by your physician. This will be required before any medication can be administered.

5. **Please indicate whether your child has received any of the following services.**

Services	Provided By (Name)	Contact Number	Duration of Service (Y/M/D)
<i>Behavior Intervention (consultant, IBI, ABA, Counselor, FSLW)</i>			
<i>Early Intervention Services through Alberta Health Service</i>			
<i>Occupational Therapy: - Sensory Regulation Support - Fine motor</i>			
<i>Physical Therapy - Gross motor</i>			
<i>Speech/Language Therapy</i>			
<i>Mental Health Supports/ Services</i>			
<i>Psychology</i>			

It is recommended that children ages 2-18 yrs have yearly vision and hearing screenings:

6. **Date of last eye exam (M/D/Y):** _____

7. **Date of hearing screening (M/D/Y):** _____

8. Previous Group Activities your child has been involved in:

Daycare Music Art Program Sports Program Other _____

9. Please describe your child's interests:

10. What does your child like to eat? Are there certain foods or textures your child avoids?

11. Does your child have a particular attachment to an object, toy or activity?

12. How much experience has your child had with other children?

13. How would you describe the environment that your child functions best in?

14. What is your child's typical daily routine?

15. What other information would be helpful for staff to know about your child?

Parent/Guardian Signature

Date (M/D/Y)

Please submit to the school, along with the following forms:
Student Registration
FOIP Consent - Notice of Activities