



PARENT'S PRESENTATION OF THEIR CHILD ENTERING PRESCHOOL

Dear parent or guardian,

Your child will soon be entering kindergarten (K4 or K5). This is a big step, for them and for you! Here are some questions to help you introduce your child to us. You know your child best and the information shared in this document will help us:

- prepare to welcome your child
- better know and understand your child's needs for the beginning of the school year
- accompany your child during their integration to school

Your answers will be shared only with the members of the school team who will be involved with your child.

This survey should take no more than 10 minutes to complete.

On behalf of the preschool team, we thank you for your collaboration and are looking forward to meeting you and your child!

GENERAL INFORMATION REGARDING YOUR CHILD

First Name: _____ Last Name: _____

Date of Birth (YYYYMMDD): _____ School: _____

Gender: ☐ Boy ☐ Girl ☐ Other/Would rather not answer

1. Language(s) spoken at home (you may choose more than one answer)

☐ English ☐ French ☐ Other (specify): _____

2. The child lives with:

☐ Both parents together ☐ Shared custody ☐ One parent only
☐ Guardian ☐ Other (specify) : _____

3. Has your child received a diagnosis or are they waiting to receive a diagnosis?

☐ Yes Please specify: _____

☐ No * If you answered **no** to this question, please go directly to the next section (question 5).

4. Is your child receiving services from the public or private health care system?

Services	Waiting for Services Indicate for which services you are on a waiting list (e.g.: CLSC, CPE, CRDI-TSA, CRE, CMR, CRDP, private clinic, etc.)	Ongoing Services Indicate who is providing a service (e.g.: CLSC, CPE, CRDI-TSA, CRE, CMR, CRDP, private clinic, etc.)	Services Ended Indicate who provided a service (e.g.: CLSC, CPE, CRDI-TSA, CRE, CMR, CRDP, private clinic, etc.)	Assessment Report Available
Audiology				☐ Yes ☐ No
Child psychiatry				☐ Yes ☐ No
Occupational Therapy				☐ Yes ☐ No
Optometry/ophthalmology				☐ Yes ☐ No
Psychoeducation				☐ Yes ☐ No
Psychology				☐ Yes ☐ No
Psychotherapy				☐ Yes ☐ No
Social Work				☐ Yes ☐ No
Specialized Education				☐ Yes ☐ No
Speech-Language				☐ Yes ☐ No
Other (specify)				☐ Yes ☐ No
Other (specify)				☐ Yes ☐ No

INFORMATION ON YOUR CHILD'S EARLY CHILDHOOD JOURNEY

5. Your child will enter: ☐ K-4 ☐ K-5

6. Has your child attended services mentioned below?

☐ Passe-Partout ☐ K-4 ☐ None

7. Has your child attended a daycare service in the past year (family daycare, CPE, private daycare, halte-garderie, etc.)? If yes, please indicate the name of the daycare.

☐ Yes (specify): _____ ☐ No (If you answered no, move to question 11)

8. Please specify the frequency of the attendance

☐ Full-time attendance ☐ Part-time attendance (less than 5 days per week)

9. For how long has your child been attending their current daycare?

☐ Less than one year ☐ Between one and two years ☐ Three years or more

10. Since your child's birth, how many daycares have they attended (family daycare, CPE, private daycare, halte-garderie, etc.) ?

☐ No daycare ☐ 1 daycare ☐ 2 daycares ☐ 3 or more daycares

TELL US ABOUT YOUR CHILD

There are no right or wrong answers. Each child is unique and develops at their own pace. Describe your child as they are currently at home. The school team will welcome them as they are, with their strengths, challenges and needs. The information below will allow your child's teacher to develop a caring and safe relationship with your child early on in the school year!

11. Most of the time, your child displays the following traits (you may select more than one answer)

- ☐ Anxious ☐ Attentive ☐ Adventurous ☐ Calm ☐ Curious ☐ Funny
☐ Observant ☐ Emotional ☐ Energetic ☐ Expressive ☐ Leader ☐ Shy
☐ Solitary ☐ Reactive ☐ Sensitive to others ☐ Sociable
☐ Other (specify): _____

12. Your child's main interests (you may select more than one answer)

- ☐ Puzzles, board games ☐ Dressing-up ☐ Books, stories ☐ Toy cars
☐ Drawing, crafting, painting ☐ Active games, sports, dance ☐ Outdoors
☐ Electronics, television ☐ Dolls, puppets ☐ Music, songs ☐ Construction

13. What are your child's qualities and strengths?

14. How does your child react, most of the time, when frustrated or faced with a refusal (you may select more than one answer) ?

- ☐ Remains calm ☐ Cries ☐ Gets angry ☐ Pouts ☐ Runs away
☐ Hits themselves or others ☐ Other (specify): _____

15. How does your child react, most of the time, when facing an unexpected or new event (you may select more than one answer) ?

- ☐ Remains calm ☐ Cries ☐ Gets angry ☐ Pouts ☐ Runs away
☐ Hits themselves or others ☐ Other (specify): _____

16. Are there activities or circumstances that your child does not like or has difficulty dealing with

(e.g. loud noises, heights, changes, etc.) ?

17. What does your child need to feel better when facing difficulties or strong emotions (you may select more than one answer) ?

- ☐ Help from an adult ☐ Quiet area ☐ Encouragements
☐ Hug ☐ Breathing exercises ☐ Soothing object
☐ Laugh/changing their mind ☐ Other (specify): _____

18. If you wish, you may share strategies you know help your child when facing difficult situations:

TRANSITION TO PRESCHOOL

There are no right or wrong answers. This information will allow the school team to better support you and accompany your child in their transition to school.

19. How does your child feel about starting school (you may select more than one answer) ?

- ☐ Happy ☐ Proud ☐ Worried
☐ Afraid ☐ Angry ☐ Sad
☐ Indifferent ☐ Other (specify): _____

20. You may name students your child knows at school and with whom they have a positive relationship (children of the same age or older). This information will be used to help your child adapt to the school's reality and not to create groups. You are invited to share the names of students with whom your child has a positive relationship. Please indicate their grade level and their relationship with your child (sibling, neighbour, friend, etc.):

21. Autonomy

Is your child able to use the washroom independently?	☐ Yes ☐ In the process of learning	☐ Most of the time ☐ Not yet
Is your child able to get dressed and undressed on their own?	☐ Yes ☐ In the process of learning	☐ Most of the time ☐ Not yet
Does your child require support to circulate and move around (e.g. walking, using the staircase, using transportation, etc.)?	☐ Yes ☐ In the process of learning	☐ Most of the time ☐ Not yet

22. Communication

Your child currently communicates using...

- ☐ body language ☐ communication device, pictos, etc. ☐ sounds
☐ 2-4 word sentences ☐ words (shoe, dog, up, etc.) ☐ sentences longer than 4 words

How well do you understand your child's language?

- ☐ Always ☐ Sometimes ☐ With difficulties ☐ Rarely ☐ Never

How well do others understand your child's language?

- ☐ Always ☐ Sometimes ☐ With difficulties ☐ Rarely ☐ Never

23. Do you have concerns you wish to share with us regarding your child's integration in school?

24. Is there any more information you wish to share to ease your child's integration in school?

INFORMATION ABOUT THE PERSON COMPLETING THE FORM

First Name: _____

Last Name: _____

Relationship with child: ☐ Parent ☐ Guardian ☐ Other: _____

Signature: _____

Date: _____

