



## Grades 1-8 Intake Information

**Name** (First and Last): \_\_\_\_\_

**Birthdate:** \_\_\_\_\_

Child Lives with: (Name and relationship: Dad/Mom/Grandparents/Foster Parent(s)/Guardian)

---

---

Please list any health needs (asthma/allergies, other).

---

---

Please list if your child has received a diagnosis or are waiting for an assessment. (Please specify)

---

---

Please list supports from any outside agencies your child has had (ex. Occupational Therapy, Speech Therapy, Physical Therapy, Child Development Clinic, SSCY, MATC etc.). Please Specify

---

---

Please list any social/ emotional/ behavioural/ sensory needs or concerns you may have.

---

---

---

---

What do you hope your child will accomplish this year (goals etc.)?

---

---

Please list any other relevant information about your child we should be aware of?

---

---

---



## Nursery / Kindergarten Intake Information

**Name** (First and Last): \_\_\_\_\_

**Birthdate:** \_\_\_\_\_

Please list any pre-school or daycare experiences, or involvement in organized activities.

---

---

Does your child interact with other children during play or do they play alongside others on their own?

---

---

Is your child toilet trained? If no, please specify your child's needs:

---

---

Does your child enjoy reading books? How often does your child read/ read with others?

---

---

Does your child enjoy drawing, writing, and using art materials? Yes ☐ No ☐

How often does your child play with electronic games / watch TV / computers?

---

---

What time does your child go to sleep / how long do they sleep for?

---

---

When your child is upset what helps them to calm down? (quiet space, stuffy etc.)

---

---

What family activities does your child enjoy doing?

---

---