



Educational Support Services Kindergarten Student Information Form

Student Name: _____ Full time KG Part time KG

Birthdate: _____

Parent/Guardian Name: _____

Address: _____

Phone Number: _____

E-mail address: _____

Current Preschool (if attending): _____

Preschool Contact Person/ Case Manager: _____

Phone: _____ E-mail address: _____

Please indicate Support Services currently in place for your child either in pre-school and/or in the community

- Supported Child Care worker in pre-school
- Speech-Language therapy
- Occupational Therapy
- Physiotherapy
- Hearing
- Other services: _____

Please indicate if your child has received any of following Support Services in the past.

- Speech-Language therapy
- Occupational Therapy
- Physiotherapy
- Hearing
- Other services: _____

PLEASE provide copies of the following:

- all assessment reports (psychologist)
- medical reports related to the diagnosis (genetics, pediatrician, neurologist, etc.)
- behaviour and/or safety plan (if any)
- most recent speech-language, occupational therapy, physiotherapy, psychiatrist, etc. reports (if any)

Student can not be considered for enrolment until all relevant documentation has been received

Additional information (if any)

YOUR CHILD'S PROFILE

1. What is your child's history?

2. What are your child's strengths/gifts?

3. What are your child's needs/stretches?

4. How do you hope that LCS will partner with you to support your child?

Additional Information (if any)
