

GRADE 1-8

Parent Questionnaire



Welcome to Calvin Christian School! As parents/guardians, you have a deep understanding of your child. This questionnaire is designed to help us better meet your child's needs. All children come to school with diverse experiences and at different levels of development. Information from this questionnaire will help us in determining support for your child's transition to school. If you have any questions or concerns about this questionnaire, do not hesitate to contact us. Thank you!

Student Name:	Date of Birth: (mm/dd/yyyy)
Parent/Guardian Names:	
My child speaks and understands English <input type="checkbox"/> Yes <input type="checkbox"/> Some <input type="checkbox"/> No	
1. What language did your child learn when first beginning to talk?	_____
2. What language does your child most frequently use at home?	_____
3. What language is most often spoken by the adults at home?	_____
Help us learn about your child's academic history. What are your child's special interests? What are your child's strengths? Has your child been diagnosed with an exceptionality that would impact academic achievement? (eg. Learning Disability, Mild Intellectual Disability, Language Impairment, etc.). <input type="checkbox"/> Yes <input type="checkbox"/> No If <u>yes</u> please attach a copy of relevant reports. Has your child received special accommodations to achieve success in a regular program? <input type="checkbox"/> Yes <input type="checkbox"/> No Has your child received student support services to improve skills in a specific subject area? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Help us learn about your child's medical history. Does your child have a medical diagnosis or physical disability that would have an effect on school participation or performance? <input type="checkbox"/> Yes <input type="checkbox"/> No If <u>yes</u> , please attach the relevant reports.	

Has your child received any health support services? Please check:

- | | |
|--|---|
| <input type="checkbox"/> Speech & Language Therapist | <input type="checkbox"/> Resource Consultant |
| <input type="checkbox"/> Occupational Therapist | <input type="checkbox"/> Public Health Nurse |
| <input type="checkbox"/> Physiotherapist | <input type="checkbox"/> Autism Services |
| <input type="checkbox"/> Behaviour Therapist | <input type="checkbox"/> Developmental Consultant |
| <input type="checkbox"/> Other: | |

Help us learn about your child's social, emotional and behavioural functioning.

Has your child had significant difficulties with self-regulation or emotional regulation in social or school settings? (eg. cooperation, aggression, managing frustration, etc.) Yes No

What strategies have you found to be effective in helping your child in these situations?

Has your child been diagnosed with a behaviour exceptionality? (Eg. ADHD, Anxiety Disorder, etc.) If yes please attach a copy of relevant reports. Yes No

Does your child require significant assistance to follow through on instructions or to organize school work and personal belongings? Yes No

What strategies have you found to be effective in helping your child in these situations?

Is your child mostly able to adjust to new situations and interact comfortably with peers? Yes No

Please share with us any other concerns or information you believe will help us work together so your child will have a positive start and a good experience at Calvin Christian School:

We understand that enrollment is subject to administrative approval. Failure to disclose academic and behavioural information may impact the school's ability to support a student, and enrollment may be declined if adequate supports are unavailable.

Parent Signatures: _____ Date: _____

September 2024