

Student Services Department Transition to School Information Record

NOTE: The information collected within this record is confidential and is to be forwarded directly to the Student Services Department. The record will be stored in central Board office files.

Student's Full Name: _____

Date of Birth: _____ (month/day/year)

Address

Street: _____ Apt. _____

City: _____ Postal Code: _____

Parent/Guardian Information

Mother's Name: _____ Phone # H: _____

Address (if different from above) Phone # W: _____

Street: _____ Apt. _____

City: _____ Postal Code: _____

Father's Name: _____ Phone # H: _____

Address (if difference from above) Phone # W: _____

Street: _____ Apt. _____

City: _____ Postal Code: _____

Guardian's Name: _____ Phone # H: _____

Address (if difference from above) Phone # W: _____

Street: _____ Apt. _____

City: _____ Postal Code: _____

Proposed School: _____

Resource/Classroom Teacher: _____

Schools previously attended: _____

Pre-school placements: _____ Year _____

_____ Year _____

Current Preschool Contact: _____

Medical History: _____

PT. Contact _____ OT. Contact _____

Sp/Lang. Contact _____

Agency Involvement: _____

Student Profile:

Communication Skills:

Receptive Language _____

Expressive Language _____

Augmentative Communication _____

Mobility and Motor Skills – fine and gross motor – transfers and lifts

Behaviour/Social Skills

Personal Routines – washroom, eating, dressing, hygiene

Academic Skills

Literacy Skills

Numeracy Skills

Classroom Routines

Interpersonal Skills

Transportation Considerations

Parent/Guardian Concerns

School Board Contact for Information Collection _____

Date _____