



**ALCDSB Family Questionnaire**  
**Part of the Registering for Kindergarten Process**

The ALCDSB Kindergarten Program celebrates our youngest learners as unique and beloved children of God. Our strong play and inquiry based programs provide nurturing environments where all children experience engaging opportunities to develop self regulation, overall well being, literacy and numeracy skills. Students see themselves as collaborators, problem solvers and innovators as they follow their natural curiosity and explore child-centred interests. We are so excited to welcome your family to be a part of ours and look forward to working together in the years to come.

The information you provide in this questionnaire will help us get to know your child and family a little better and will support your child's successful transition to school.

School:

Child's Name:

DOB:

Completed by:

Relationship to the child:

Date:

**Help us learn more about your child before they start school.**

What are your child's interests and strengths?

What are your child's favourite activities or toys?

Indoors:

Outdoors:

Does your child have siblings?

Who is important to your child? (e.g. name of relative, elder, childcare provider, friend)

What brings your child joy?

What three words would you use to describe your child?

**Starting school is a new experience for you and your child. Please share with us how you and your child are feeling about this new experience.**

How is your child feeling about starting school?

How do you know?

How are you feeling about your child starting school?

What worries might you have?

I am hoping my child will learn new things at school, such as:

Do you anticipate any concerns related to your child being separated from you when they come to school?

What hopes and dreams do you have for your child?

Has your child experienced any significant changes in his or her family life? (e.g. birth of baby, death, moving, separation/divorce, etc.)

What helped to calm your child when they were a baby?

## Experiences prior to registering for school

My child has had experience with the following:

- \_\_\_\_\_ Licensed Childcare
- \_\_\_\_\_ Play Groups
- \_\_\_\_\_ Storytime (e.g., public library, etc.)
- \_\_\_\_\_ EarlyON Centre (Ontario Early Years Centres, Parenting and Family Literacy Centres, Better Beginnings, Childcare Resources Centres)
- \_\_\_\_\_ Other:

Describe (e.g., length of time, name of centre, etc.)

Child participated with parent/caregiver    Yes       No     
Child participated without parent/caregiver    Yes       No  

## Speech, Language and Communication

It's important to pay attention to your child's speech and language development. We continue to focus attention on language development in schools.

### Speech & Language

I understand my child when they are communicating	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Other people understand what my child is saying	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
My child speaks in sentences longer than 4 words	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
I have noticed my child stuttering	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
My child can understand what I say to them	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
My child follows 2 step directions	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
I am concerned about my child's speech and language	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

If yes, please describe:

Has child received speech and language services from a community agency?

Yes  No

If yes, please list:

Age:

Where:

When:

### Vision and Hearing

#### Hearing

My child has had frequent ear infections

Yes  No

My child has had support for hearing, hearing aids or tubes in their ears

Yes  No

I am concerned about my child's hearing

Yes  No

If yes, please explain:

#### Vision

My child wears glasses

Yes  No

I have noticed my child sitting close to the TV, or moving things closer to their face to see it

Yes  No

When travelling, my child can see things in the distance

Yes  No

I am concerned about my child's vision

Yes  No

If yes, please explain:

## Additional Important Information for the School to Know

Does your child have any special learning needs or diagnosis? If yes, please provide details.

Has your child had any other professional assessment completed? Yes  No   
If yes, indicate what type of assessment and timeframe:

Are there any community agencies providing supports to your child? If so, please check the applicable community agencies below:

- CNIB (City: \_\_\_\_\_)
- Children's Hospital of Eastern Ontario (CHEO) Ottawa
- Children's Mental Health Services (CMHS)
- Community Living (City/Town: \_\_\_\_\_)
- Community Wellbeing Centre (Deseronto)
- Counselling Services of Belleville and District (CSBD): Infant Development, Ontario Autism Program, Behavioral Consultants, Family Support
- EarlyON Child and Family Centres
- Family Space Quinte Inc.: Resource Consultant, Licensed Home Child, EarlyON provider
- Five Counties Children's Centre
- Gateway Community Health Centre (Tweed)
- Highland Shores Children's Aid (HSCA)
- Holland Bloorview Kids Rehabilitation Hospital (Toronto)
- Kerry's Place
- Hotel Dieu Hospital (Kingston)
  - Kids Inclusive
  - Child and Youth Mental Health Program
  - Children's Outpatient Centre
  - Other: Program: \_\_\_\_\_
- Local Health Integration Network (LHIN)
- North Hastings Children's Services
- Metis Nation of Ontario (City/Town: \_\_\_\_\_)
  - Program: \_\_\_\_\_
- Preschool Speech and Language Program Hastings/Prince Edward (Quinte Health Care)
- Early Expressions Pre-School Speech and Language Program
- Quinte Pediatric Consultant Clinic – Quinte Health Care (QHC)
- Pediatrician (Please provide name: \_\_\_\_\_)

- Quinte Children's Treatment Centre (QCTC): Belleville General Hospital
- The HUB Child and Family Centre (Prince Edward County)
- Trenton Military Family Resource Centre (TMFRC)
- Kingston Military Family Resource Centre (KMFRC)
- The Hospital for Sick Children (Toronto)
- Resolve Counselling Services
- Interval House
- Three Oaks
- Phoenix Centre for Children and Families
- Family and Children Services of Renfrew County
  - Program: \_\_\_\_\_
- Ongwanada
- Maltby Centre
  - Autism Services
  - Mental Health Services
- Extend-A-Family
- Autism Ontario
- Hotel Dieu Child & Adolescent Psychiatry
- Family and Children Services of Kingston, Frontenac, Lennox & Addington (FACSFLA)
- Lennox and Addington Resources for Children (LARC)
- Healthy Babies, Healthy Children (City/Town: \_\_\_\_\_)
- Aboriginal Healthy Babies, Healthy Children
- Rural Frontenac Community Services
  - Program: \_\_\_\_\_
- Other:

If you are interested in knowing more about the various community agencies working with children in Algonquin and Lakeshore Catholic District School Board, please speak to the school Principal and check here:

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This information is collected in accordance with the Education Act and the Municipal Freedom of Information and Protection of Privacy Act and will be used to support the transition of children into school. Questions regarding this form should be directed to the ALCDSB Communications Officer.

- Copies to:
1. Ontario Student Record (OSR)
  2. Classroom Educators
  3. Parent/Guardian (upon request)

January 2019