BOWERS

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ROCKY VIEW SCHOOLS
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REGISTRATION SNAPSHOT

This information is requested to help us better understand your child so we can meet his or her needs in school.

Child's name: _____

Birthdate: _____

Parent/Guardian name: _____

Phone Number: _____

Date: _____

HEARING and VISION

Has your child had a vision screen/test? _____ If yes, when? _____
(Alberta Health and Wellness fully insures eye examinations for children between the ages of 0 and 18. Please see your optometrist for your child's free eye exam.)

Has your child had a hearing screen/test? _____ If yes, when? _____
(Some hearing problems can delay your child's speech and language development. Early screening for hearing loss can help prevent many learning, social, and emotional problems that can be related to speech and language development. Call your doctor if at any time you suspect your child has a hearing problem, such as if your baby does not seem to respond to loud noises or your young child is not making sounds or talking at the expected ages.)

MEDICAL/HEALTH CONDITION

Do you have any concerns or have concerns been raised by previous caregivers and/or preschool providers regarding: (please check any that apply)

_____ Speech and language development
_____ Fine motor skills (ie. pencil grip, scissor skills)

If so, has your child had:
_____ A speech and language assessment and/or an assistant?
_____ Occupational therapist assessment?

Does your child have any of the following:
_____ Allergies?
_____ Epipen?
_____ A medical diagnosis other than allergies?
_____ Other?

If so, please explain: _____

_____

Does your child take any pills, medicine or treatments, on a regular or part-time basis?
If yes, please specify _____

Is your child attending a Pre-School or Playschool now? _____

If so, where? _____

Phone Number: _____

Which of the following traits are consistently demonstrated by your child?
Please indicate with a checkmark.

- ☐ Cooperative
- ☐ Leadership Ability
- ☐ Independent Worker
- ☐ Respectful
- ☐ Polite
- ☐ Follows directions
- ☐ Takes turns
- ☐ Outgoing
- ☐ Responsible
- ☐ Talkative
- ☐ Mature
- ☐ Able to focus on tasks
- ☐ Expresses emotions appropriately (i.e. anger)

List any others: _____

_____

_____

What, if anything, makes your child afraid or anxious? Check all that apply.

- ☐ Afraid of the dark
- ☐ Loud noises
- ☐ Dogs (animals
- ☐ Public washrooms
- ☐ Change in routine
- ☐ New experiences
- ☐ Speaking in public
- ☐ Relating to adults

List any others: _____

_____

What skills has your child acquired? Check all that apply.

- ☐ can say full name
- ☐ can print full name
- ☐ can print first name
- ☐ counts to... how far? ____
- ☐ can recognize numbers to 10
- ☐ recognizes capital letters
- ☐ recognizes lower case letters
- ☐ recognizes rhyming words
- ☐ has experience with crayons
- ☐ has experience with scissors
- ☐ has experience with computers
- ☐ knows phone number
- ☐ knows birthday
- ☐ knows address
- ☐ knows the names of colors
- ☐ knows the names of shapes
- ☐ likes to listen to stories
- ☐ can tie shoes
- ☐ can button own clothing
- ☐ can zip own clothing
- ☐ has experience with pencil