



Preschool Headstart Program (Supported Learning)

Initial In-Take Form

Significant Needs- 2 years 8 months on September 1
Mild to Moderate Needs- 3 years 8 months on September 1



Legal Surname:

Legal First Name:

Middle Name(s):

Male Female

Date of Birth:

as of September 1, 2020

Legal Guardian #1:

Legal Guardian #2:

Guardian Marital Status: Single Married Divorced/Separated

In cases of joint custody, written permission/consent from both parents must be provided prior to assessment.

Phone Number Guardian #1:

Phone Number Guardian #2:

Email Address:

Mailing Address:

Town/City:

Postal Code:

Are you able to transport your child? Yes No

Transportation Address:

Has your child had any **assessments**? If so, please list date and name of assessor.

Speech & Language:

Psychiatric:

Physical Therapy:

Hearing Evaluation:

Psychological:

Occupational Therapy:

Vision Evaluation:

Physician(s) involved in care:

Physician/Clinic Phone Number:



Agencies involved with child/family?

Community Health:

ACFS:

FSCD:

Social Worker:

Phone:

Referral Agency/Source (i.e. school, AHS, newspaper):

Area(s) of Concern

Behaviour/Emotional:

Speech and Communication/Comprehension:

Primary language spoken in the home:

Other languages spoken:

Gross or Fine Motor:

Physical or Medical:

Additional Information:

Toilet Trained: Yes No

Out of Home Care or Programming (e.g. dayhome, daycare, play groups): No

Yes

If yes, please provide additional details below, such as name, location, contact info, frequency of attendance

If child qualifies, preference for programming: Morning Afternoon

Preference may not be available at each school. Preference choice is not guaranteed.

I agree to present my child's **Birth Certificate or Passport** at the time of assessment

The information requested is being collected pursuant to the School Act, Section 23, and the FOIPP Act. Sections 33 (c), 39 (1) (b) and 40 (1) (c). Information acquired through this form is kept secure and access is restricted. For further information, please contact your school principal or Sturgeon Public Schools, FOIPP Coordinator at 780-939-4341.

