

## 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 \_\_\_\_\_