



## EARLY YEARS TRANSITION INFORMATION

(attach to registration)

Dear Families and Guardians:

Welcome to Thames Valley District School Board! As your child enters school for the first time, we strive to ensure the transition is as smooth as possible. In order to help us better understand your child, we would like for you to provide us with any information you are comfortable sharing to the school team.

**Student Information:**

<b>Student Name:</b>	
<b>Parent/Guardian:</b>	<b>Email:</b>
<b>Languages spoken at home:</b>	

**Health:**

<b>Hearing:</b>	
Tested: Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:
Results: Equipment or Hearing Aids: Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Vision:</b>	
Tested: Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:
Results: Eye wear: Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Medical Diagnosis(es):</b>	
<b>Allergies:</b>	
<b>Medications and/or Special Equipment:</b>	

**Tell us more about your child:**

	Yes	No
Is your child completely toilet trained?	<input type="checkbox"/>	<input type="checkbox"/>
Can your child feed himself/herself independently?	<input type="checkbox"/>	<input type="checkbox"/>
Can your child dress himself/herself independently?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have concerns about how your child communicates with others?	<input type="checkbox"/>	<input type="checkbox"/>

**Community Involvement:**

<input type="checkbox"/> Acquired Brain Injury (PAPICOP)	<input type="checkbox"/> LHIN Home and Community Care Access Centre
<input type="checkbox"/> A Child First/Good Beginnings	<input type="checkbox"/> Merrymount Children’s Centre/All Kids Belong
<input type="checkbox"/> Children’s Aid	<input type="checkbox"/> Public Library
<input type="checkbox"/> Children & Parent Research Institute (CPRI)	<input type="checkbox"/> Thames Valley Children’s Centre/Tyke Talk
<input type="checkbox"/> Community Living London/Elgin	<input type="checkbox"/> Wellkin Child & Youth Mental Wellness
<input type="checkbox"/> Community Care Access Centre (CCAC)	<input type="checkbox"/> Vanier Children’s Services (VCS)
<input type="checkbox"/> EarlyON Child & Family Centre	<input type="checkbox"/> Other (please specify)

**Permission to place in Ontario Student Record**

Parent/Guardian Signature: \_\_\_\_\_

Notice of Collection: The personal information provided on this form and any other correspondence relating to involvement in Board programs is collected by the Thames Valley District School Board under the authority of the *Education Act* and Regulations (R.S.O. 1990 c.E.2) as amended. The information will be used to register the student in a school as well as for any consistent purpose, and to share information with employees to carry out their job duties. In addition, the information may be used for matters of health and safety, or discipline and as required to be disclosed in compelling circumstances for law enforcement matters or in accordance with any other Act. For questions about this collection, contact the Board’s Freedom of Information Co-ordinator, Thames Valley District School Board, 1250 Dundas Street, London, Ontario, N6A 5L1, Telephone 519-452-2000, Ext. 20218.