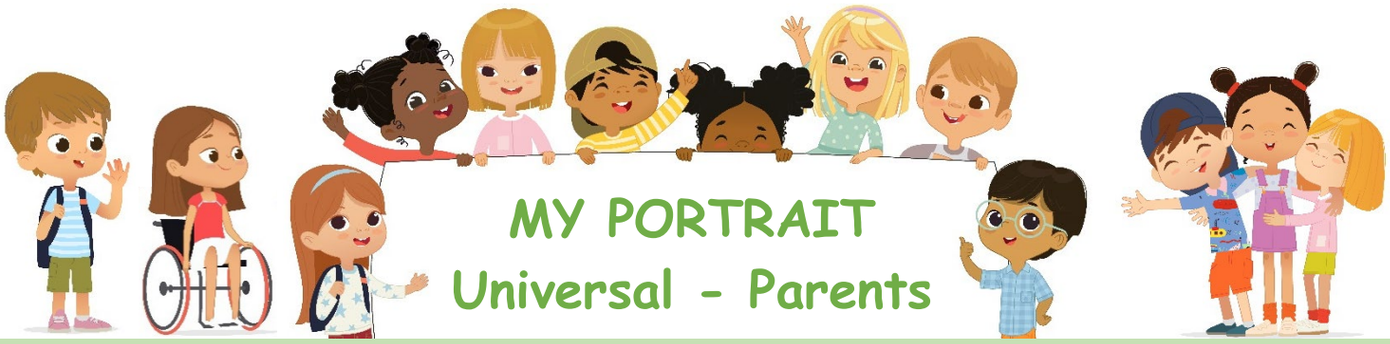

MY PORTRAIT
Universal - Parents

A Monteregian tool **FOR PARENTS**
To tell us about your child who is entering kindergarten

Dear parent or guardian,

Your child will soon start kindergarten. This is a big step for them and for you!

Here are some questions to help you introduce your child to us. You know them best, so the information you share with us is important, and will help us to:

Prepare ourselves to welcome them.

Get to know them better and understand their needs as soon as they start school.

Support them during their adjustment period.

Your responses are confidential and will only be seen by members of the Early Childhood Education team. You will need about 10-15 minutes to answer these questions.

On behalf of the entire preschool team, we thank you for your cooperation and look forward to meeting you and your child !

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Source for images : Lisitsa – Depositphotos

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GENERAL INFORMATION ABOUT YOU CHILD

Child's given name : _____ **Child's last name :** _____

Child's date of birth : _____

Child's gender : ☐ Boy ☐ Girl ☐ Other/Prefer not to answer

1. **Languages spoken at home :** _____

2. **Does your child speak French ?** ☐ Yes ☐ A little ☐ No **Does your child speak English ?** ☐ Yes ☐ A little ☐ No

3. **Does your child understand French ?** ☐ Yes ☐ A little ☐ No **Does your child understand English ?** ☐ Yes ☐ A little ☐ No

4. **The child lives with :**

   Both parents together Parents in shared custody One of the two parents only

   Guardian Other *(Specify) :* _____

5. **Has your child received or are they receiving specific or specialized services?** ☐ Yes ☐ No *(If not, go to question 7)*
   If so, please tell us which ones.

Services	Waiting for services *(Specify if needed)*	Services in progress *(Specify if needed)*	Services completed *(Specify if needed)*	Evaluation report availabl
Special education	☐	☐	☐	☐ Yes ☐ No
Occupational therapy	☐	☐	☐	☐ Yes ☐ No
Speech-language pathologist	☐	☐	☐	☐ Yes ☐ No
Physiotherapy	☐	☐	☐	☐ Yes ☐ No
Psychoeducation	☐	☐	☐	☐ Yes ☐ No
Psychology	☐	☐	☐	☐ Yes ☐ No
Social work	☐	☐	☐	☐ Yes ☐ No
Other *(Specify) :*	☐	☐	☐	☐ Yes ☐ No

6. **If your child has been diagnosed, please specify** _____

Child's given name : _____ Child's last name : _____

INFORMATION ABOUT YOUR CHILD'S EARLY CHILDHOOD JOURNEY

7. Your child will start in kindergarten level : ☐ 4-year-old ☐ 5-year-old

8. Which services is your child attending at this moment ? *(Many answers are possible)*

Service	Name	Type of attendance	How long has your child been attending this daycare	Specifiy language spoken in this daycare
☐ Passe-Partout		N/A	N/A	French
☐ Regular 4year-old kindergarten		N/A	N/A	
☐ Specialized 4year-old kindergarten		N/A	N/A	
☐ Child care services in a facility (e.g., CPE, private daycare)		☐ Full-time ☐ Part-time (< 5 days a week)	☐ Less than 1 year ☐ Between 1 and 2 years ☐ 3 years or more	
☐ Home day care		☐ Full-time ☐ Part-time (< 5 days a week)	☐ Less than 1 year ☐ Between 1 and 2 years ☐ 3 years or more	
☐ Drop-in daycare		N/A	☐ Less than 1 year ☐ Between 1 and 2 years ☐ 3 years or more	
☐ None	N/A	N/A	N/A	N/A

9. Since birth, how many educational child-care settings has your child attended *(home daycare, CPE, private daycare, drop-in daycare, etc.) ?*

☐ None ☐ One ☐ Two ☐ Three or more

TELL US ABOUT YOUR CHILD

There are no right or wrong answers. Each child is unique and develops at their own pace. Describe your child **as they are now**, when they are at home. The school will welcome them as they are, with **their strengths, challenges and needs**. With this information, your child's teacher will be able to establish a secure attachment with your child as soon as school starts!

10. Check the top 3 or 4 characteristics that best describe your child :

☐ Anxious ☐ Attentive ☐ Adventurous ☐ Calm ☐ Curious ☐ Humorous
☐ Observant ☐ Emotional ☐ Energetic ☐ Expressive ☐ Leader ☐ Shy
☐ Solitary ☐ Reactive ☐ Sensitive to others ☐ Sociable
☐ Other *(Specify) :*

11. Check the top 3 or 4 interests that best describe your child :

☐ Puzzles, board games ☐ Dress-up ☐ Books, stories ☐ Toy cars
☐ Drawings, crafts, painting ☐ Actives games, sports, dance ☐ Construction toys ☐ Outdoor games
☐ Electronic games, television ☐ Dolls, play houses ☐ Music, songs
☐ Other *(Specify) :*

Child's given name : _____ Child's last name : _____

12. Your child's qualities and strengths are :

13. When faced with frustration or rejection, most of the time your child :

☐ Stays calm ☐ Gets angry ☐ Cries ☐ Sulks ☐ Hits ☐ Runs away

☐ Other *(Specify) :*

14. Faced with a change, an unexpected event, or something new, most of the time your child :

☐ Stays calm ☐ Gets excited ☐ Gets angry ☐ Cries ☐ Sulks ☐ Hits ☐ Runs away

☐ Other *(Specify) :*

15. In public places or outdoors, your child *(Check the answer that applies most often) :*

☐ Stays close or asks permission to move away

☐ Is not aware of danger, may move way or run away

☐ Seems worried, doesn't want you to walk away

☐ Forgets to follow you, gets distracted easily

16. Are there activities/situations that your child doesn't like or has difficulty handling ?

17. To feel better when faced with difficulties or strong emotions, your child needs to :
(Check all answers that apply) :

☐ Receive adult help ☐ Retreat to a quiet place ☐ Receive encouragement

☐ Have a hug ☐ Perform breathing exercises ☐ Use a comforting object

☐ Laugh, take their mind off things ☐ Other *(Specify) :*

18. If you wish, you can share methods or strategies that can help your child :

TRANSITION TO KINDERGARTEN

There are no right or wrong answers. This information is intended to **help the school support you and assist your child** in the transition to kindergarten.

19. At the thought of starting kindergarten, your child feels *(you may choose more than one answer)* :

☐ Joy ☐ Pride ☐ Worry

☐ Fear ☐ Anger ☐ Sadness

☐ Indifférence ☐ Other *(Specify) :*

20. You may name other students your child knows at the same school with whom he or she has a positive relationship (children of the same age or older). This information is not intended to be used to form the different class groups. It can be used to help your child adjust to school. If applicable, list the students' names, grade level and relationship to your child (e.g., brother, sister, friend, neighbour, etc.):

21. What are your child's afternoon nap habits *(Check the answer that applies most often) :*

☐ Falls asleep easily most days ☐ Rests, but doesn't sleep

☐ Still needs to sleep, but can hardly do it alone ☐ No longer takes afternoon naps

22. When dressing, your child *(Check the answer that applies most often) :*

☐ Gets dressed alone or with little help ☐ Has difficulty organizing and getting dressed alone

Child's given name : _____ Child's last name : _____

23. At the toilet, your child *(Check ALL answers that apply) :*

☐ Wipes their self alone ☐ Is starting to wipe their self alone ☐ Needs reminders to go

☐ Does not wipe their self alone ☐ Wears a diaper or training pants during the day

☐ Other *(Specify) :*

24. **Do you have any concerns or worries about your child starting school ?** ☐ Yes ☐ No

If yes, specify :

25. Is there any other information you'd like to share with us to help smooth your child's entry into school ?

AUTORIZATION TO TRANSMIT THIS INFORMATIONS TO THE SCHOOL

Your given and last name

What is your relationship with the child ?

☐ Parent ☐ Guardian ☐ Other *(Specify) :* _____

Your contact details

Telephone number :

E-mail adress :

I understand that by submitting this form, I agree to share the given information with the concerned team of the school and the school board at which my child will attend kindergarten.

I also understand that this information will help school staff better welcome my child to the school and that this form will be destroyed at the end of my child's preschool year.

☐ Yes, I understand and I accept.

Signature : _____ Date : _____

** For activity ideas to better support your child towards school, visit :*
http://carrefourmonteregie.ca/transitiontokindergarten/