

# MY PORTRAIT
# Specific needs

A Monteregian tool used by **PARTNERS** to share information
concerning the specific needs of a child who is entering kindergarten

## THIS TOOL'S INTENTION

The intention of this tool is to better support children who may need adaptations in order to allow the school to **properly meet their needs, as soon as they enter school**.

## MESSAGE TO PARENTS

Dear parent or guardian,

With your autorization, the *MY PORTRAIT – SPECIFIC NEEDS* document will allow to share valuable information with the school.
This document must be completed by a **caregiver** who knows your child. This person may come, for example:



- From an educational child care facility or home child care setting
- From a preschool
- From a community organization
- From the Passe-Partout service
- From the health and social services network.

Of course, you are the adult who knows your child and his/her needs best. However, this person knows your child in a different setting than at home. The information shared in this document is therefore complementary to the information you can provide to the school. If necessary, a member of the school team may also contact you for more information.

Between now and the beginning of the school year, other tools for sharing information with the school community can also be used to introduce your child to the school that will soon be welcoming him/her (e.g., his/her tastes, interests, etc.).

## MESSAGE TO PARTNERS



This tool was developed by a regional working group with representatives from all the networks involved in the first school transition*. Its purpose is to share information with the school community about the **specific needs** of a child who will be entering kindergarten, so that they can be better addressed, and appropriate supports or accommodations can be provided.

**This tool is part of a more targeted approach. It should be used only for those children for whom it is relevant** and not for all children who will enter school. Another more universal tool *(MY PORTRAIT – UNIVERSAL - PARTNERS*) can be used to present in a more global way all the children who attend your facility and are entering school.

**You are an essential partner in helping to ensure a smooth transition to school.** You are familiar with the children who will be entering kindergarten. You have spent time with them, accompanied them in their development and built a meaningful relationship with them that allows them to feel good and confident. **The information presented in *MY PORTRAIT - SPECIFIC NEEDS* is important and we thank you for agreeing to share it with the school community that will soon welcome this child.**

DESIRED DATE OF SENDING THIS FORM TO THE SCHOOL : BEFORE the registration period
However, please note that this tool will be considered by schools throughout the child's transition period.

**To learn more about this process of transmitting information concerning the child entering kindergarten, click HERE.*

**Together, we're working to ensure a smooth transition into school !**

Various tools developed in the Montérégie and elsewhere in Québec were used as inspiration for this regional tool. In particular, the CSS des Hautes-Rivières information transmission tool for children with special needs served as the basis for the creation of this Montérégie version of the *MY PORTRAIT - SPECIFIC NEEDS* tool.

**Reproduction or downloading authorized, without modifications in any way, for personal or public use, for non-commercial purposes, with acknowledgment of the source**: Regional Intersectoral School Transition Working Group (GTR-TS) and My Portrait steering committee. Tools and procedures related to the My Portrait process – Montérégie. (2022)

*Last update : September 2026*
*Source for images : Lisitsa — Depositphotos*

In our environment or service, at this moment, according to what we observed from : _____

(Child's first and last names)



## INFORMATION ABOUT THE CHILD

Child's date of birth :

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

Child's adress :

Parent 1 – Name : | Parent 2 – Name :

Parent 1 – Phone number : | Parent 2 – Phone number :

The child lives with :

Language of communication with the family :

Languages spoken at home *(if différent)* :

Does the child attend an educational childcare service ? ☐ Yes ☐ No ☐ Don't know

## INFORMATION ON THE PARTNER COMPLETING THIS DOCUMENT

**Name of organization :**

**Type of organization** (e.g. : CPE, home-based educational daycare, private, Agir tôt program, community organization, Passe-Partout, etc.) :

Name of the person completing this document : | Position :

Date this document was completed :

**Contact details of the person to contact for further information**

Telephone number : | E-mail :

Name and position *(if différent from the person completing this form)* :

## INFORMATION ON ATTENDANCE AT THIS ORGANIZATION OR DEPARTMENT

How long has the child been attending your services ?

How often ? (e.g. : part time, full time, etc.)

In what context ? *(Check all that apply)* ☐ Individually ☐ In a group ☐ Parent-child

Does the child have a disability or a particular limitation ? ☐ Yes ☐ No

*If yes, specify :*

Does the child have a diagnosis or hypothesis ? ☐ Yes ☐ No ☐ Waiting for an evaluation

*If yes or if waiting, please specifiy what type :*

Does the child have an intervention plan within **your** organization or facility? ☐ Yes ☐ No

*If yes, specify its content or transfer it to the school, <u>with a parental autorization</u> :*

To the best of your knowledge, what **specialized or specific services** does the child receive :

| Services | Waiting for services | Currently receiving services | Services completed | Services offered by : *(For example. : CSLC, CPE, private clinic, etc.)* | Professional report* | |
|---|---|---|---|---|---|---|
| | | | | | Available | Expected |
| Audiologist | ☐ | ☐ | ☐ | | ☐ | ☐ |
| Special education | ☐ | ☐ | ☐ | | ☐ | ☐ |
| Occupational therapy | ☐ | ☐ | ☐ | | ☐ | ☐ |
| Optometry/Ophtalmology | ☐ | ☐ | ☐ | | ☐ | ☐ |
| Speech-language pathologist | ☐ | ☐ | ☐ | | ☐ | ☐ |
| Child psychiatrist | ☐ | ☐ | ☐ | | ☐ | ☐ |
| Physiotherapy | ☐ | ☐ | ☐ | | ☐ | ☐ |
| Psychoeducation | ☐ | ☐ | ☐ | | ☐ | ☐ |
| Psychology | ☐ | ☐ | ☐ | | ☐ | ☐ |
| Social work | ☐ | ☐ | ☐ | | ☐ | ☐ |
| Other : | ☐ | ☐ | ☐ | | ☐ | ☐ |

**Sending reports to the school with this form is beneficial when possible, but not mandatory.*

In our environment or service, at this moment, according to what we observed from : _____ (Child's first and last names)

For the following sections, please complete only the information that applies to your knowledge of the child.
Please note that this document is complementary to existing reports and assessments.

## INFORMATION ON THE CHILD'S SPECIFIC NEEDS

### MOTRICITY

Does the child need any adaptations or support for movement ? (E.g. : walking, stairs, school transportation, etc.) ☐ Yes ☐ Sometimes ☐ No ☐ Not observed

*Specify if necessary :*

Does the child need any adaptations or support in other aspects of daily life ? ☐ Yes ☐ Sometimes ☐ No ☐ Not observed

*Specify if necessary :*

Preferred attitudes, means or specialized tools to promote the child's motor skills in daily life activities :

### AUTONOMY AND DAILY LIVING

Is the child toilet trained during the day ? ☐ Most of the time ☐ Sometimes ☐ No ☐ Not observed

*Specify as needed :*

Is the child able to feed him/herself ? ☐ Most of the time ☐ Sometimes ☐ No ☐ Not observed

*Specify as needed :*

Is the child able to dress and undress him/herself? ☐ Most of the time ☐ Sometimes ☐ No ☐ Not observed

*Specify as needed :*

Is the child able to organize him/herself during games and activities ? ☐ Most of the time ☐ Sometimes ☐ No ☐ Not observed

*Specify as needed :*

Is the child able to self-soothe during naps and moments of relaxation ? ☐ Most of the time ☐ Sometimes ☐ No ☐ Not observed

*Specify as needed :*

Preferred attitudes, means or specialized tools to promote the child's autonomy et functioning in daily life activities :

In our environment or service, at this moment, according to what we observed from : _____ (Child's first and last names)

## SECURITY

Is the child aware of danger ? ☐ Most of the time ☐ Sometimes ☐ No ☐ Not observed

*Specify if necessary :*

If applicable, indicate what risk behaviours the child may exhibit :

☐ Getting hurt ☐ Hurting others ☐ Going with a stranger

☐ Running away ☐ Putting self in danger ☐ Does not protect self or react

☐ Other *(specify)* :

Preferred attitudes, means or specialized tools to ensure the safety of the child or his peers?

## BEHAVIOURS

Does the child exhibit disorganizaed behaviours that itnterfere with his/her functioning or that of the group ? ☐ Often ☐ Sometimes ☐ No ☐ Not observed

*Specify as needed*
(E.g. : type of behavious, frequency, triggers, etc.) :

Does the child exhibit agressive behaviours toward self or others ? ☐ Often ☐ Sometimes ☐ No ☐ Not observed

*Specify as needed*
(E.g. : type of behavious, frequency, triggers, etc.) :

Does the child have any sensory characteristics that affect his/her functioning or that of the group? ☐ Often ☐ Sometimes ☐ No ☐ Not observed

*Specify as needed*
(E.g. : type of behavious, frequency, triggers, etc.) :

Does the child have phobias or traumas that may have an impact on his/her integration or functionning in school ? ☐ Oui ☐ Non ☐ Not observed

*Specify as needed*
(E.g. : type of behavious, frequency, triggers, etc.) :

Does the child exhibit other behaviours that should be considered (e.g. : tics, etc.) ? ☐ Oui ☐ Non ☐ Not observed

*Specify as needed*
(E.g. : type of behavious, frequency, triggers, etc.) :

Prefered attitudes, means or specialized tools to support the child :

In our environment or service, at this moment, according to what we observed from : _____

(Child's first and last names)

## COMMUNICATION

Is the child understood by those nearby when he/she speaks ? ☐ Most of the time ☐ Sometimes ☐ No ☐ Not observed

*Specify as needed :*

Is the child able to express his/her needs (verbal or non-verbal) ? ☐ Most of the time ☐ Sometimes ☐ No ☐ Not observed

*Specify as needed :*

Does the child demonstrate a desire to communicate with those around him/her? ☐ Most of the time ☐ Sometimes ☐ No ☐ Not observed

*Specify as needed :*

Does the adult feel that the child understands ? ☐ Most of the time ☐ Sometimes ☐ No ☐ Not observed

*Specify as needed :*

Preferred attitudes, means or specialized tools to ensure communication with the child :

## SOCIAL SKILLS

Is the child able to interact with other children? ☐ Most of the time ☐ Sometimes ☐ No ☐ Not observed

*Précisez au besoin :*

Is the child able to interact with different adults? ☐ Most of the time ☐ Sometimes ☐ No ☐ Not observed

*Précisez au besoin :*

Does the child fit into the activities and life of the group ? ☐ Most of the time ☐ Sometimes ☐ No ☐ Not observed

*Précisez au besoin :*

Is the child disturbed by the presence of others around him/her? ☐ Most of the time ☐ Sometimes ☐ No ☐ Not observed

*Précisez au besoin :*

Preferred attitudes, means or specialized tools to facilitate social interactions with the child :

In our environment or service, at this moment, according to what we observed from : _____

(Child's first and last names)

## OTHER

Are there any other challenges, items to discuss with the school, or other information deemed relevant to share?
(E.g. : particularities in games, developmental or family issues, etc.)

☐ Yes ☐ No

*If yes, please specify which ones :*

What are the child's strengths and interests that you have observed ?

**You are now invited to :**

- **Present the contents of this document to the parent** and **verify their agreement** regarding the information mentioned.
- **Have parental authorization signed.**
- **Send the document to the school** according to the procedure indicated.

For more details of the procedure, consult the *User guide – My Portrait — Montérégie*

**THANK YOU FOR THE TIME SPENT COMPLETING THIS FORM.**
**THIS INFORMATION IS VALUABLE TO THE SCHOOL WHICH WILL SOON WELCOME THIS CHILD.**



