

LET'S GET READY TO LEARN!

A GUIDE FOR MY CHILD'S KINDERGARTEN TEACHER

HELP US GET TO
KNOW YOUR CHILD
BY SHARING THE
INFORMATION IN
THIS BOOKLET WITH
YOUR CHILD'S
KINDERGARTEN
TEACHER



Getting ready for school and learning to read and write begins early in your child's development, well before kindergarten or first grade. The love and guidance that you provide your child can set him or her on the way to many years of success in school.

This booklet guides you through the process of sharing what you know about your child with the kindergarten teacher who will be working with your child in the new school year. It gives you the opportunity to pass on important information about your child's likes and dislikes, strengths and weaknesses and any concerns that you may have. If your child is receiving any special services, the information that you provide here can help to ensure that those services continue without gaps into the new school year.

This booklet will work best if you review and discuss it with your child's kindergarten teacher during the first month of school. Taking the time to connect with your child's teacher will get the new school year off to a terrific start!

LET'S GET TO KNOW YOUR CHILD

Insert image

Child's name

School

Today's date

BASIC INFORMATION

Name(s) of person(s) completing this form

Child likes to be called

Child's date of birth

Parent(s) name(s)

Other adults living in the home

Address

Phone

Phone

Best time to be reached

ABOUT MY CHILD

A FEW OF MY CHILD'S FAVOURITE THINGS

Favourite colour

Other food

Favourite toy

Other book

Favourite expression

Other favourites

MY CHILD IS GOOD AT

MY CHILD LIKES TO (CHECK ALL THAT APPLY)

Listen to stories

Draw and colour

Play alone

Play with other children

Go to a friend's house

Play quiet games inside

Other likes

MY CHILD DOESN'T LIKE TO

ABOUT MY CHILD

I'D LIKE YOU TO KNOW THIS ABOUT MY CHILD

MY CHILD LEARNS BEST BY

ABOUT MY CHILD'S EARLY LEARNING EXPERIENCES AT AGE 4

My child is or has been enrolled in a preschool or program

YES

NO

If YES, please elaborate

Name of preschool or program my child has attended

Start date

End date

This is a

Child care centre

Family child care home

Parents as teachers program

Other

For more information about this program, contact

ABOUT OUR FAMILY

We speak the following languages in our home

I usually speak this language to my child

Number of children in the home

My child usually speaks this language to me

Ages of other children

SOME THINGS I WOULD LIKE YOU TO KNOW ABOUT OUR FAMILY (CULTURE, FAMILY ACTIVITIES WE ENJOY, ETC.)

MY FAMILY WOULD LIKE TO SHARE THE FOLLOWING SKILLS OR ACTIVITIES WITH OUR CHILD'S CLASS OR SCHOOL

Best times for me to come to school are

SCREENINGS AND SPECIAL SERVICES

HEARING SCREENING

Date

Location

Results

VISION SCREENING

Date

Location

Results

SPEECH SCREENING

Date

Location

Results

OTHER

Description

SUPPORTS AND SPECIAL SERVICES

My child receives supports and special services YES NO

If YES, please check which services and supports apply and the time per week

TYPE OF SERVICE	RECEIVED LAST YEAR	RECEIVES THIS YEAR	TIME/WEEK	SHOULD RECEIVE IN KINDERGARTEN
Occupational Therapy (OT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
Physical Therapy (PT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
Speech and Language (SIL)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
Social Worker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>

Describe any other health needs

I WOULD LIKE YOU TO OBSERVE MY CHILD BECAUSE I AM CONCERNED ABOUT THE FOLLOWING

SIGN OFF

WE WANT TO WORK WITH YOU TO ENSURE A SUCCESSFUL KINDERGARTEN YEAR!

Signature Date

Signature Date