

# Success Starts Early In Battle River School Division

## BRSD Kindergarten INTAKE



*We are so excited to welcome your child into the Battle River School Division for the 2022/ 2023 school year and as such we would like to take this opportunity to get to know your child better. Our goal is to provide your child with quality education that supports their growth and development to thrive and succeed. The information provided on this form will allow us to plan and provide support for them in the new school year.*

**Child's First & Last Name:** \_\_\_\_\_ **Birthdate (M/D/Y):** \_\_\_\_\_

**Address (blue sign for rural):** \_\_\_\_\_

**Parent/Guardian Name(s):** \_\_\_\_\_

**Preferred Phone #:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Preferred Communication (please circle): Email / Phone** **Today's Date:** \_\_\_\_\_

### Play Preferences:

**Please check the box that best describes your child.**

- My child loves activity and prefers to be active. You will find my child climbing, jumping and moving all the time. They may have a hard time sitting and listening to a story in the classroom.
- My child prefers a quiet environment and quiet activities such as reading books, making crafts, or playing with clay. They will enjoy physical activities, but will be happy to listen to a story in the classroom.

### Independent Skills:

**Please check the box that best describes your child.**

- My child loves to explore new activities independently.
- My child likes it best when someone assists them on activities and tasks.

### Adaptability Skills:

**Please check the box that best describes your child.**

- My child can easily move from one activity to another, even if they are really enjoying the activity they are currently participating in.
- My child struggles to move from activity to activity, even when notice is given. It can be hard to take them to new and exciting places.

### Personal Hygiene:

**Please check the box that best describes your child.**

- My child can go to the bathroom themselves without adult assistance.
- My child requires adult assistance to aid in toileting routines.
- My child requires diapering.

**Please check the box that best describes your child's primary form of communication.**

- Using crying, gestures or signs to communicate
- Using single words to communicate.
- Using 2-3 word phrases to communicate.
- Using sentences to communicate.

Has your child recently had intervention/support from:	Please check all that apply and indicate service provider.
Medical	
Occupational Therapy	
Physical Therapy	
Psychology	
Speech and Language Therapy	

	Please indicate all diagnosis that apply to your child, with date if known
Autism	
Blind or Vision Impairment	
Cerebral Palsy	
Deaf or Hard of Hearing	
Down Syndrome	
Obsessive Compulsive Disorder	
Oppositional Defiant Disorder	
Physical Delays or Impairment	
Selective Mutism	
Significant Developmental Delays	
Speech and Language Delays	
Other Medical Concerns	

**Please share with us anything else you feel we should know about your child.**

---



---



---

**Please share any concerns you may have.**

---



---



---

**Please submit completed intake form as part of the student registration package. If you have any questions or require assistance we would be happy to you at 780-672-6131**