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## **Elementary Student Profile**

Student's surname	Student's first name			
Date of birth	Date of visit			
Mother/Guardian's name	Father/Guardian's name			
Mother/Guardian's contact telephone number	Father/Guardian's contact telephone number			
What language(s) does your child speak?				
Which language is used most often with your child at home?				
How well does your child express him/herself in this language?				
Does your child have any allergies? If yes, please give details.				
What does your child like to do?				
Does your child prefer to be with friends or to spend time alone?				
What group experiences outside of school is your child involved in now (heritage language programs, sports,				
extra curricular activities, summer camps/programs?				
What special interest and/or talents does your child have?				
What special interest and/or talents does your child have?				
What favourite activities do your child and family enjoy together?				
What does your child do well?				
What do you hope for your child at school?				
What cultural or religious celebrations or observances are important in your home?				
Are there cultural religious, or dietary practices w	which your child observes that we should know about at school?			
Are there cultural, religious, or dietary practices, which your child observes that we should know about at school?				
Are there any activities or situations in which your child cannot participate in at school?				

provide details.				
Has your child had a psycho-educational evaluation? If yes, please provide details and attach documentation.				
In your child's current class, does he/she follow an IEP? If yes, please provide details.				
Has your child been diagnosed with a learning or behavioural difference? If yes, please provide details.				
Tras your crilla been diagnos	sed with a learning of behav	lourar difference: If yes, piea	se provide details.	
Is there anything that you can tell us about your child's early language or physical development that you think				
may be important, such as speech delays, vision, or hearing problems?				
Has your child had the following tests in the past two years (please circle)?				
Hearing: yes no Vi Is your child on any medicat	ision: yes no tion? If yes please provide	details		
10 your orma orrany meanous	aon. Il yes, piedee provide	dotalio.		
Name of current school				
Age entered	Grade entered	Current age	Current grade	
Reason for leaving				
For office use only:				
Tor office use only.				