

Elementary Student Profile

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| 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 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, 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? | |

