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Toddler/Casa 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 favourite activities do your child and family enjoy together?				
What does your child do well?				
What does your orms do won.				
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?				

provide details.	r or attend academic support	t classes (eg. Kumon, Oxford	, etc.)? If yes, please
Has your child had a psycho	o-educational evaluation? If	yes, please provide details ar	nd attach documentation.
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In your child's current class,	, does he/she follow an IEP?	If yes, please provide details	S.
Has your child been diagnos	sed with a learning or behavi	ioural difference? If yes, plea	ise provide details.
le there enything that you as	an tall us about your shild's c	activitanguaga ar physical day	colonment that you think
may be important, such as	speech delays, vision, or hea	early language or physical dev aring problems?	velopment that you think
		(-1	
	wing tests in the past two yea	ars (please circle)?	
	ision: yes no	dataila	
is your child on any medical	tion? If yes, please provide	details.	
Name of current school			
Name of current school			
Age entered	Grade entered	Current age	Current grade
Age efficied	Orace entered	Current age	Current grade
Reason for leaving			
Treaserrier leaving			
For office use only:			
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