

Community Living Hamilton, Early Learning & Care, Early Words, Home and Community Care Support Services - Hamilton Niagara Haldimand Brant (formerly the LHIN), Hamilton-Wentworth Catholic District School Board, Hamilton-Wentworth District School Board, and Ron Joyce Children's Health Centre are working together for students entering Kindergarten in September 2022.



Tell Us About Your Child

If you choose to provide the information on this form, the school boards will use it to make plans for the services and equipment students will need when they start school in September 2022.

Please complete this form and return it to your school board by **Tuesday, February 1st, 2022.**

Catholic School Board

Leesa Meijerink
 Hamilton-Wentworth Catholic District School Board
 44 Hunt Street
 Hamilton, ON L8R 3R1
 (905) 525-2930 ext. 2877
 intake@hwcdsb.ca

Public School Board

Julie Anderson
 Hamilton-Wentworth District School Board
 20 Education Court
 Hamilton, ON, L9A 0B9
 (905) 527-5092 ext. 2804
 transitiontoschool@hwdsb.on.ca

Child's First Name:	Child's Last Name:
Child's Gender (Optional):	Child's DOB (DD/MM/YYYY):
Child's Home Address:	
Child's City:	Child's Postal Code:
Parent/Legal Guardian Name (1):	Parent/Legal Guardian Name (2):
<small>* please add address if different from child's home address</small>	<small>* please add address if different from child's home address</small>
Home Phone (1):	Home Phone (2):
Cell Phone (1):	Cell Phone (2):
Work Phone (1):	Work Phone (2):
E-Mail (1):	E-Mail (2):
Language(s) spoken at home:	Interpreter required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Main Diagnosis or Concern:	
Hamilton-Wentworth School Board: <input type="checkbox"/> Public <input type="checkbox"/> Catholic	
Name of HOME SCHOOL your child will attend in fall 2022: (Registration Opens February 2022)	
To determine the home school, please check the appropriate board website. Enter "HWCDSB School Locator" or "HWDSB Find a School" in your browser.	

Please tell us about your child in each of the following areas:

Health

- allergies (please specify) _____

- regular medications (please specify) _____

- vision:
 - blind or low vision
 - wears glasses
 - pre-braille or Braille
- seizures
- heart or lung condition
- suctioning
- oxygen
- diabetes
- other (please specify) _____

Mobility

- needs support when walking
- needs assistance on stairs
- wears braces or splints
- uses equipment (ex: stander or walker)
- needs lifting, turning, or repositioning
- uses wheelchair, ramps
- other (please specify) _____

Self-help

- dressing
 - minimal support
 - full support
- eating
 - help with self-feeding
 - spoon feeding difficulty
 - swallowing G-tube
 - feedings special diet
 - picky eater
- toileting
 - toilet trained (urine)
 - toilet trained (bowel)
 - diapered
 - physical lifting or transferring required
 - equipment required
 - catheterized
 - ostomy
- other (please specify) _____

Learning and Play Skills

- Does your child play:
- alone?
 - with children their age?
 - with older children or adults primarily?
 - with a variety of toys in a variety of ways?
 - other (please specify) _____

- Does your child have difficulty using their hands for playing or doing daily tasks?
- yes
 - no
 - I'm not sure

Behaviour and Safety

- shy
- anxious
- difficulty with changes in routine
- difficulty attending to activities
- wanders or runs away
- often loses temper or shows aggressive behaviour
- difficulty getting along with others
- does not understand personal safety
- moody, easily distressed
- will swallow/chew inedible objects
- needs prompting to begin a task or interaction
- use of visual supports for behaviour
- other (please specify) _____

Speech, Language and Hearing

- not yet talking
- speech is difficult to understand
- difficulty putting words together
- difficulty following spoken instructions
- uses augmentative communication (e.g. pictures, sign language)
- deaf/hard of hearing:
 - cochlear implant(s)
 - sign language
 - uses FM system
 - wears hearing aid(s)
- other (please specify) _____
- _____
- _____
- _____

Please tell us who in the community supports your child

Name of Early Years Child Care Provider:	
Phone:	E-mail:
Supervisor:	Classroom Educator:
Resource Consultant:	
Phone:	
Pediatrician:	Family Doctor/Family Health Team: Phone:
Phone:	
Home and Community Care Support Services Coordinator:	
Phone:	
Early ON Centre	
Phone:	
Children's Aid Worker:	
Phone:	

What other community organizations support your child?

Speech/Language Pathologist: Phone:	Agency:
Blind/Low Vision Support: Phone:	Agency:
Physiotherapist: Phone:	Agency:
Occupational Therapist: Phone:	Agency:
Psychologist/Social Worker: Phone:	Agency:
Audiologist/Infant Hearing: Phone:	Agency:
Early Childhood Resource Specialist/ Mental Health Clinician:	Agency: Phone:
Autism/ABA Service Provider:	Agency: Phone:
Other (Please Specify): Phone:	

You are welcome to invite any of the professionals listed above to your child's transition/intake meeting.

CONSENT TO DISCLOSE PERSONAL AND/OR PERSONAL HEALTH INFORMATION		
I _____	of _____	
(Parent/ Legal Guardian)		(Name of Student)
Hereby consent to the exchange of information on the "Tell Us About Your Child" form with:		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Relevant School Board Staff
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Relevant Home and Community Care Support Services, Hamilton Niagara Haldimand Brant Staff
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Relevant Ron Joyce Children's Health Centre Staff
<input type="checkbox"/> Yes	<input type="checkbox"/> No	I give permission for School Board staff to observe my child at the preschool or childcare centre.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	I give permission for School Board staff to observe my child virtually at the preschool or childcare centre.
_____	_____	
Signature of Parent/ Legal Guardian	Date	
_____	_____	_____
Signature of Person Who Helped Complete This Form	Title / Agency	Date

Consent is Valid for 12 months.

Disclaimer: Completion of this form is for information only and does not guarantee a transition /intake meeting will occur

Should an transition/intake meeting be recommended, it will take place in a virtual format using Microsoft Teams

Please return this form to your School Board by February 1, 2022 and RETAIN A COPY FOR YOUR PERSONAL RECORDS

The HWDSB & HWCDSB are committed to keeping your child's personal and health information private and confidential. Information is collected, used, safeguarded, disclosed, retained and disposed of in accordance with the Municipal Freedom of Information and Protection of Privacy Act [MFIPPA] and the Personal Health Information Protection Act [PHIPA]. Any reports provided will be stored in your child's OSR at the school. Please be aware that although we protect your privacy, if the law requires it, we will have to reveal certain personal information, for example, in circumstances where your child's safety is at risk or under a police investigation or court order.