

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 2024.

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 2024.

**Please complete this form and return it to your school board by Monday, February 5<sup>th</sup>, 2024.**

## Catholic School Board

Teresa Nocciolino  
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  
entrytoschool@hwdsb.on.ca

<b>Child's First Name:</b>	<b>Child's Last Name:</b>
<b>Child's Gender (Optional):</b>	<b>Child's DOB (DD/MM/YYYY):</b>
<b>Child's Home Address:</b>	
<b>Child's City:</b>	<b>Child's Postal Code:</b>
<b>Parent/Legal Guardian Name (1):</b>	<b>Parent/Legal Guardian Name (2):</b>
<small>* please add address if different from child's home address</small>	<small>* please add address if different from child's home address</small>
<b>Phone (1):</b>	<b>Phone (2):</b>
<b>E-Mail (1):</b>	<b>E-Mail (2):</b>
<b>Language(s) spoken at home:</b>	<b>Interpreter required?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Main Diagnosis or Concern:</b>	
<b>Hamilton-Wentworth School Board:</b> <input type="checkbox"/> Public <input type="checkbox"/> Catholic	
<b>Name of HOME SCHOOL your child will attend in fall 2024:</b> (School Registration Opens February 5th, 2024)	
<p>To determine the home school, please check the appropriate board website. Enter "HWCDSB School Locator" or "HWDSB Find a School" in your browser.</p>	

**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) \_\_\_\_\_

☐ Is Nursing required? Yes ☐ No ☐ Unsure ☐

**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  
☐ tube feeding  
☐ 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
- ☐ Unsure

## 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

<b>Name of Early Years Child Care Provider:</b>	
<b>Supervisor:</b>	<b>E-mail:</b>
<b>Resource Consultant:</b>	<b>E-mail:</b>
<b>Home and Community Care Support Services Coordinator (Nursing):</b>	
<b>Email:</b>	
<b>Children's Aid Worker:</b>	<b>Email:</b>

## What other community organizations support your child?

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

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

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

**Consent is Valid for 12 months.**

**Disclaimer: Completion of this form is for information only and does not guarantee an entry/intake meeting will occur**

**Should an entry/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 5, 2024 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.*