



A Monteregian tool FOR PARENTS
To tell us about your child who is entering kindergarten

Dear parent or guardian,

Your child will soon start kindergarten. This is a big step for them and for you!

Here are some questions to help you introduce your child to us. You know them best, so the information you share with us is important, and will help us to:

- Prepare ourselves to welcome them.
- Get to know them better and understand their needs as soon as they start school.
- Support them during their adjustment period.

Your responses are confidential and will only be seen by members of the Early Childhood Education team.

You will need about 10-15 minutes to answer these questions.

On behalf of the entire preschool team, we thank you for your cooperation and look forward to meeting you and your child !

** For activity ideas to better support your child towards school, visit :
<http://carrefourmonteregje.ca/transitiontokindergarten/>*



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*Source for images : Lisitsa – Depositphotos
 Last update : July 2024*

GENERAL INFORMATION ABOUT YOU CHILD

Child's given name : _____

Child's date of birth : _____

Child's gender : Boy Girl Other/Prefer not to answer

1. Languages spoken at home : _____

2. Does your child speak French ? Yes A little No Does your child speak English ? Yes A little No

3. Does your child understand French? Yes A little No Does your child understand English? Yes A little No

4. The child lives with :

Both parents together Parents in shared custody One of the two parents only

Guardian

Other (Specify) :

5. Has your child been diagnosed or are they waiting to be diagnosed ?

Yes Please specify :

No

Child's given name : _____ Child's last name : _____

6. Does your child receive specific or specialized services? If so, please tell us which ones.

Services	Waiting for services Indicate which services you are waiting for (e.g.: CLSC, CPE, CRDI-TSA, CRDP, private clinic, etc.)	Services in progress Indicate who is providing the service (e.g.: CLSC, CPE, CRDI-TSA, CRDP, private clinic, etc.)	Services completed Indicate who provided the service (e.g.: CLSC, CPE, CRDI-TSA, CRDP, private clinic, etc.)	Evaluation report available	
Audiologist				Yes	No
Special education				Yes	No
Occupational therapy				Yes	No
Optometry /Ophtalmology				Yes	No
Speech-language pathologist				Yes	No
Child psychiatrist				Yes	No
Physiotherapy				Yes	No
Psychoeducation				Yes	No
Psychology				Yes	No
Social work				Yes	No
Other (Specify) :				Yes	No
Other (Specify) :				Yes	No

INFORMATION ABOUT YOUR CHILD'S EARLY CHILDHOOD JOURNEY

7. Your child will start in kindergarten level : 4-year-old 5-year-old

8. Has your child attended one or more of the following services :

Passe-Partout Regular 4 year-old kindergarten Adapted 4 year-old kindergarten None

9. Has your child attended an educational daycare in the past year (home daycare, CPE, private daycare, drop-in daycare, etc.)? If so, please tell us the name of the facility.

Child care services in a facility (e.g., CPE)	Name :	
Home day care	Name :	
Pre-kindergarten	Name :	
Drop-in daycare	Name :	

None * If you answered **None** to this question, go to the next section (Question 13).

10. Specify type of attendance : Full-time Part-time (less than 5 days a week)

11. How long has your child been attending this daycare?

Less than one year Between one and two years Three years or more

12. Since birth, how many educational child-care settings has your child attended (*home daycare, CPE, private daycare, drop-in daycare, etc.*) ?

No daycare center One daycare center Two daycares Three or more daycares

Child's given name : _____ Child's last name : _____

TELL US ABOUT YOUR CHILD

There are no right or wrong answers. Each child is unique and develops at their own pace. Describe your child as they are now, when they are at home. The school will welcome them as they are, with their strengths, challenges and needs. With this information, your child's teacher will be able to establish a secure attachment with your child as soon as school starts!

13. Among the following characteristics, check the top 3 or 4 that best describe your child :

Anxious	Attentive	Adventurous	Calm	Curious	Humorous
Observant	Emotional	Energetic	Expressive	Leader	Shy
Solitary	Reactive	Sensitive to others	Sociable		

Other (Specify) :

14. Among the following interests, check your child's top 3 or 4 :

Puzzles, board games	Dress-up	Books, stories	Toy cars
Drawings, crafts, painting	Active games, sports, dance	Construction toys	Outdoor games
Electronic games, television	Dolls, play houses	Music, songs	

Other (Specify) :

15. Your child's qualities and strengths are :

16. When faced with frustration or rejection, most of the time your child :

Stays calm	Gets angry	Cries	Sulks	Hits	Runs away
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Other (Specify) :

17. Faced with a change, an unexpected event, or something new, most of the time your child :

Stays calm	Gets excited	Gets angry	Cries	Sulks	Hits	Runs away
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Other (Specify) :

18. In public places or outdoors, your child (Check the answer that applies most often) :

Stays close or asks permission to move away	Seems worried, doesn't want you to walk away
Is not aware of danger, may move way or run away	Forgets to follow you, gets distracted easily

19. List any activities/situations that your child doesn't like or has difficulty handling (e.g., loud noises, heights, changes, etc.) :

20. To feel better when faced with difficulties or strong emotions, your child needs to :

(Check all answers that apply) :

Receive adult help	Retreat to a quiet place	Receive encouragement
Have a hug	Perform breathing exercises	Use a comforting object
Laugh, take their mind off things	Other (Specify) :	

21. If you wish, you can share methods or strategies that can help your child :

Child's given name : _____ Child's last name : _____

TRANSITION TO KINDERGARTEN

There are no right or wrong answers. This information is intended to help the school support you and assist your child in the transition to kindergarten.

22. At the thought of starting kindergarten, your child feels (you may choose more than one answer) :

Joy	Pride	Worry
Fear	Anger	Sadness
Indifférence	Other (<i>Specify</i>) :	

23. You may name other students your child knows at the same school with whom he or she has a positive relationship (children of the same age or older). This information is not intended to be used to form the different class groups. It can be used to help your child adjust to school. If applicable, list the students' names, grade level and relationship to your child (e.g., brother, sister, friend, neighbour, etc.):

24. What are your child's afternoon nap habits (*Check the answer that applies most often*) :

Falls asleep easily most days	Rests, but doesn't sleep
Still needs to sleep, but can hardly do it alone	No longer takes afternoon naps

25. When dressing, your child (*Check the answer that applies most often*) :

Gets dressed alone or with little help	Has difficulty organizing and getting dressed alone
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26. At the toilet, your child (*Check ALL answers that apply*) :

Does not wipe their self alone	Is starting to wipe their self alone	Wipes their self alone
Needs reminders to go	Wears a diaper or training pants during the day	

27. Do you have any concerns or worries about your child starting school ? Yes No

If yes, specify :

28. Is there any other information you'd like to share with us to help smooth your child's entry into school ?

AUTHORIZATION TO TRANSMIT THIS INFORMATIONS TO THE SCHOOL

29. Your given and last name

30. What is your relationship with the child ?

Parent Guardian Other (*Specify*) : _____

31. Your contact details

Telephone number :

E-mail address :

32. I understand that by submitting this form, I agree to share the given information with the concerned team of the school and the school board at which my child will attend kindergarten.

Yes, I understand and I accept.

Signature : _____

Date : _____