



Thorsby Elementary School Pre-Kindergarten



Program Planning (PUF or M/M Student)

Parent Name: _____ Child's Name: _____

Class Placement Info:

Your child will be placed according to their needs.

1. Does your child nap every day? Yes _____ No _____

2. Does your child have home programming? If yes, please explain:
Days: _____ Time: _____ Provider: _____

3. Does your child have ongoing or frequent medical appointments? If yes, please explain:
Days: _____ Time: _____ Provider: _____

Child's Information:

Please take the time to fill out these questions to the best of your ability. It will help us place your child into a class that will best accommodate their needs at school.

1. Has your child had their hearing assessed? Yes _____ No _____
If yes, state results: _____ Date: _____

2. Do you have concerns about your child's vision? Yes _____ No _____
If yes, explain: _____

3. Do you think your child talks like other children their age? Yes _____ No _____
If no, explain: _____
(List any services or assessments received)

4. Can you understand everything your child says? Yes _____ No _____
If no, explain: _____
(Can your family, friends and the public understand your child? Can you understand 90%?)

5. Do you think your child walks, runs and climbs like other children their age?
Yes _____ No _____
If no, explain: _____

6. Are they able to colour or eat without any assistance? Yes _____ No _____
If no, explain: _____

PLEASE TURN PAPER OVER

7. Do you have any behavioural concerns with your child? Yes _____ No _____

If yes, explain: _____

(Do they hide, scream or hit if they are unhappy?)

8. Does your child listen when they are asked to do something? Yes _____ No _____

If no, explain: _____

9. Do you think your child shares and plays nicely with others? Yes _____ No _____

If no, explain: _____

10. Do you think your child will have issues being dropped off? Yes _____ No _____

If yes, explain: _____

11. Does your child have any strong fears? Yes _____ No _____

If yes, explain: _____

12. Has your child had any medical problems recently? Yes _____ No _____

If yes, explain: _____

13. Does your child have any allergies? Yes _____ No _____

If yes, explain: _____

14. Is your child toilet trained? Yes _____ No _____

If no, explain: _____

(What do they need help with in the bathroom? Are they diapered?)

15. Is there anything about your child that worries you? Yes _____ No _____

If yes, explain: _____

Please use the space below to indicate anything else that we may need to know:

We will contact you primarily through email. Please provide your information:

Email: _____

Home Phone: _____

Cell Phone: _____

Thank you for taking the time to fill out this form!

If you have any further questions, please contact our school office at 780-789-3776.