

New CASA Student Profile Form

Name of Student: _____

Age of Student: _____

CASA CLASS: _____

First Day of School: _____

In order for the teacher(s) to best prepare for your child's education, we ask that you please complete the form below.

Medical History

1. Does your child have any allergies: YES NO

Please state all allergies and if they are severe:

2. Is your child Immunized? YES NO

If not, has an affidavit been submitted to administration? YES NO

The date an affidavit has been submitted to administration is: _____

3. List **all** communicable diseases that your child has contracted since birth. Please refer to the parent handbook for a full list of the communicable diseases.

4. Does your child have a predisposition to ear infections? (4-5 per year) YES NO

Has your child had their hearing tested? YES NO

If Yes when? _____

Comment:

5. Has your child had their eyesight tested? YES NO

If yes when? _____

Comment:

6. Has your child ever been tested for speech concerns? (Pronunciation of words, omission of sounds etc.) YES NO

If yes, when? _____

Comment: please share results or assessments.

7. Does your child respond consistently when his/her name is called? YES NO

8. Was the mother's pregnancy and childbirth normal? YES NO

If No, comment:

9. Have you read the NEW COVID Post-Pandemic Policy on our MSK Parent Portal and the Covid Edition MSK Parent handbook? YES NO

Any questions?

10. Has your child been exposed to anyone with Covid19 or has your child been tested for Covid19? Please explain if either of the answers are YES.

Developmental Milestones History

1. At what age did your child begin to walk?

2. At what age did your child begin to speak?

3. Does your child feed him/herself independently? YES NO

4. When eating does your child have sensitivities/aversions to particular foods or food textures?

YES NO

If Yes comment:

5. Describe your child's sleeping patterns:

6. Does your child participate in turn taking activities? YES NO

7. Does your child tell simple stories? YES NO

8. Does your child dress and undress independently? YES NO

9. Does your child follow multiple step directions? YES NO

10. Does your child run, stop and start without falling? YES NO

11. Does your child your child walk up and down stairs? YES NO

12. Does your child walk with proper posture and flat footed? YES NO

13. Does your child maintain eye contact when engaged in social interactions? YES NO

If no, comment:

14. Does your child sit and listen to a story or music for 5 – 10 minutes? YES NO

15. Does your child complete a 4–8-piece puzzle independently? YES NO

16. Does your child exhibit any unusual or repetitive behaviours? YES NO

If Yes, comment:

17. Has your child ever been recommended to be tested for any developmental concerns?

YES NO

If Yes, when? _____

Please share any results or assessments below:

FAMILY

1. Does your child have any siblings? Age of each, if applicable.

2. Describe your child's temperament and behaviour.

3. How many languages does your child speak at home? What are they?

4. What culture celebrations does your child participate in?

5. What are your child's interests? (counting, letters, books, puzzles, playing, singing, drawing, exercising)

6. Has your child experienced any significant family changes in the past year (e.g. moving to a new house, a death/serious illness in the family, etc.)?

School/ Childcare History

1. What were the previous school(s)/ daycare/babysitter/ private home care that your child attended?

2. For what years/grades did your child(ren) attend this setting?

3. What was your child's experience there?

4. Give examples of some tasks which your child can perform on his/her own
(Examples: put on shoes, get dressed for outdoors, button shirt, zip pants etc)

5. What are your expectations (academic, social and emotional) for your child this year at MSK?

6. Why did you choose the Montessori School in Kleinburg for your child?
