

New TODDLER Student Profile Form 2022-2023

Name of Student: _____

Age of Student: _____

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:

Is your child Immunized? **Yes / No**

If not Immunized, has an affidavit been submitted to admin? **Yes / No**

2. If applicable, list all communicable diseases your child has had since birth. (Refer to parent handbook for diseases; ex. Hand, Foot and Mouth, etc.)

3. Has your child had 4-5 or more ear infections? YES NO

Has your child had their hearing tested? YES NO

If Yes when? _____

Comment:

4. Did your child experience distress during childbirth? YES NO

If YES, comment:

5. 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?

6. Has your child been exposed to anyone with Covid19 or has your child been tested for Covid19?
 YES NO

If Yes please explain:

Developmental Milestones History

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

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

3. At what age did your child begin to use words?

4. When eating does your child have sensitivities/aversions to particular foods or food textures?
 YES NO

If Yes comment:

5. Has your child lost any previous language or social skills? YES NO

If Yes comment:

18-24 months

24-30 months

<u>Does your child:</u>	<u>Circle One</u>		<u>Does your child:</u>	<u>Circle One</u>	
Use at least 20 words	Y	N	Use at least 100 words	Y	N
Imitate and respond towards gestures	Y	N	Speak in short phrases (2 – 4 words)	Y	N
Point to familiar objects	Y	N	Follow two-step direction	Y	N
Demonstrate some pretend play with toys	Y	N	Enjoy interacting with other children	Y	N
Walk independently	Y	N	Run or walk fast	Y	N
Attempt to feed themselves	Y	N	Demonstrate pretend play	Y	N
Stutter sounds	Y	N	Try to undress self	Y	N
Recognize Family Members	Y	N	Scribble with crayons	Y	N
Eat Solid Foods	Y	N	Stutter words	Y	N
			Feed themselves with a utensil	Y	N
			Eat Solid Foods	Y	N

6. Describe your child's sleeping patterns.

GENERAL

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 hear at home? What are they?

4. What cultural celebrations does your family participate in?

5. What are your child's interests?

6. What activities do you participate in with your child at home?

CHILDCARE

1. What were the previous Daycare/ Babysitter/ Private Home Care that your child attended?

2. For how long did your child attend this childcare setting?

3. What was your child's experience there?

4. What are your expectations for your child this year at MSK?

5. Are you aware that the expectation at MSK will be for your child to begin in the Casa Program (in September or January), upon the year that he/she turns age 3? Are you committed to contributing to the process of Toilet-training your child in partnership with the Toddler Teachers at MSK to ensure that your child is completely toilet-ready and independent in his/her use of the washroom once he/she is ready to transition into the Casa Program? Please comment:

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