



### **Western Quebec School Board**

#### Kindergarten for 4-year-olds and 5-year-olds survey

Welcome to the Preschool Cycle Program!

Children benefit from the positive effects of a successful transition when starting school. We are interested in getting to know your child to welcome them to their kindergarten class!

These questions will allow the school team to get to know your child and be used to facilitate service provision. Once we review the questionnaire and share the information with the school team, your child's teacher will receive the questionnaire. This questionnaire will be securely stored by the teacher until the end of the school year, at which point it will be destroyed.

Please do not be concerned if your child is not performing any of these items with assistance or not at all. We understand children develop at different rates.

If you have any questions or would like to follow up with someone, please contact Jake Ahern-Davy or Andrea Shattler via email at [jaherndavy@wqsb.qc.ca](mailto:jaherndavy@wqsb.qc.ca) or [ashattler@wqsb.qc.ca](mailto:ashattler@wqsb.qc.ca).

All the Best,

Andrea Shattler & Jake Ahern-Davy  
Transition Facilitators

**All About Your Child**  
Preschool Cycle Program

Child's Name: \_\_\_\_\_ Child's Date of Birth: \_\_\_\_\_ Today's Date:

Parents/Guardian Name: \_\_\_\_\_ Email/Phone number: \_\_\_\_\_

School Attending 2024-2025:

**General Information to Support Your Child's Transition**

If applicable, please provide the type of childcare service provided and for how long (e.g., childcare centre, home day care, family member or at home)

Childcare Service	Child's Profile available to share with the school (Yes/No)	Information Received <input checked="" type="checkbox"/>

Has your child received any services in the past (li.e. speech therapy, occupational therapy, psychologist, psychiatrist etc.)

If your child received services in the past, please circle yes or no if the school or School Board received a report	YES	NO
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Is your child currently accessing or on a wait list for services? If yes, what type of outside service?

Please indicate if your child may require any specific support or transition planning for kindergarten (as recommended by outside services or a medical professional).

Please indicate if you have already spoken with the school or other in-school professionals about your children's needs.

### **Social Information**

What are your child's interests (books, outdoor play, exploring, likes to create, animals, arts and crafts, etc...)

What are your child's three greatest strengths:

When your child is exhibiting challenging behaviour(s) (e.g., defiance/refusing to listen, fussiness, refusing to go to sleep at night, anger or tantrums), what helps them work through these difficult moments (e.g., ignoring, distraction, talking to them, showing empathy, etc.)

Describe your child's typical choice of a playmate - real or imaginary (same age, younger children, older children, siblings, adults, relatives)

What does your child say about coming into kindergarten? Please share any worries they might have.

Language Information				
	Independently	With some help	With a lot of help	Comments
Does your child speak clearly to be understood most of the time by other children				
Does your child speak clearly to be understood most of the time by family members				
Does your child speak clearly to be understood most of the time by other adults				
Do you have concerns about your child's speech or language (not related to second language) - please indicate in comments column				
Understands 1-step and 2-step directions (Put your toys away and wash hands)				
How does your child communicate their likes, dislikes and needs (words, sentences, points, gestures) What level of vocabulary does your child use to communicate? (limited, large, etc.)				

Developmental Information			
	Yes	No	Comments
Does your child show interest in reading-related activities (Listening to stories, looking at pictures, etc.)			
Does your child recognize their own name when it is written, and do they recognize their name when it is written next to other names			
Does your child like to sing and engage in word play (I.e., making up silly words or sounds to a beat)			
Can your child get dressed independently (i.e., winter clothes, can zip up coat, shoes)			
Does your child look to adults for approval (i.e., "Watch me" or "look what I did")			
Does your child adapt well to new situations			
Do you have any concerns about your child's ability to use the toilet independently			
How does your child react to handling a difficult task (Anger, upset, nervous, frustrated, challenged, ask for help, etc...)			

Interactions with Others				
Generally, does your child:	Independently	With some Help	With a lot of Help	Comments
Play nicely with others				
Take turns and shares				
Interact well in group settings				

As a parent/guardian, please let us know if there is anything that you are worried about: