Calgary Board of Education | Copperfield School

Kindergarten Learner Profile

Student's Name _____ Birthdate _____

1. Describe your child's learning experiences prior to Kindergarten (preschool, swimming lessons, art class, dayhome, daycare).

_____

_____

_____

2. How does your child cope with new situations (concerns, anxieties, dislikes, fears)?

_____

_____

_____

3. Does your child have any health or medical concerns, conditions, or limitations? *Please speak with school staff prior to school beginning in order to share details/ medications/ treatments, and to complete additional paperwork.*

_____

_____

_____

4. Has your child had any previous supports (speech-language therapy, occupational therapy, physical therapy, behavioural support, social/emotional support)?

_____

_____

_____

5. Has your child been diagnosed with any conditions that will impact their learning (ADHD, autism, PDD, developmental delays)? *Please contact school staff to further discuss details related to learning needs.*

_____

_____

_____

6. What languages do you speak at home?

   _____

7. What does your child enjoy doing? What are their interests?

   _____
   _____
   _____

8. Describe your child's strengths.

   _____
   _____
   _____

9. What are some areas of growth that you have for your child?

   _____
   _____
   _____

10. Will your child be attending another program, dayhome, or daycare when they are not at school? Please describe.

    _____

Form completed by _____

Relationship to child _____

Please provide us with a current phone number and email so that we may contact you with additional information.

Phone number _____

Email _____