



Day Care/Preschool Form

Located at: SSCY Centre
1155 Notre Dame Ave
Winnipeg, MB R3E 3G1
Ph: (204) 258-6600
Fax: (204) 258-6797
www.fasdmanitoba.com

Date: _____

STUDENT'S NAME: _____

DATE OF BIRTH: _____

DAYCARE/PRESCHOOL INFORMATION:

Day Care/Preschool Name: _____

Address _____
(include postal code)

Phone No.: _____

Fax No.: _____ When did the child start the program? _____

Number of days/week _____

Does this child receive additional support? Yes No

Describe: _____

Describe the child's current strengths and areas of interest: _____

Describe the child's current difficulties:

Do you have any concerns regarding the development of this child?

Please rate the child's ability in the following areas:

Gross Motor Skills

	Major Concern	Minor Concern	No Concern	Comment
Coordination				
Balance				
Tires Quickly				
Tip-toe Walking				
Ball Skills				
Playground Safety				

Fine Motor Skills

	Major Concern	Minor Concern	No Concern	Comment
Crayon/Pencil Skills				
Use of Scissors				
Printing/Drawing				

Is the child generally: Right Handed Left Handed Both

Self Help Skills

	Major Concern	Minor Concern	No Concern	Comment
Dressing Skills				
Feeding Skills				
Hand Washing				
Toileting				

Behavior & Social Skills

	Major Concern	Minor Concern	No Concern	Comment
Ability to start play				
Activity Level				
Attention Span				
Turn-taking				
Ability to Share				
Adjust to new Routines				
Ability to Transition between Activities				
Eye Contact				
Temper Tantrums				
Solitary Play				
Resistance to Attend Day Care				

Speech and Language Skills

	Major Concern	Minor Concern	No Concern	Comment
Speaks Clearly				
Follows Verbal Directions				
Expresses Thoughts				
Initiate Conversations				
Maintain Conversation				
End Conversations				
Stuttering				

Is this child currently being followed by:

Occupational Therapy

Speech Language Pathology

Physiotherapy

Name: _____

Phone: _____

Name: _____

Phone: _____

Name: _____

Phone: _____

PERSON FILLING OUT THIS FORM:

Name of person completing this form: _____

Position/Title: _____

Thank you for completing this form.