



## St. Alphonsus School

343 Munroe Avenue, Winnipeg, Manitoba, R2K 1 H2

Tel: 204-667-6271

### Teacher/Early Childhood Educator (ECE) Kindergarten Referral Form

Please fax or email this form directly to St. Alphonsus School Fax: 204-663-4187 Email: info@stals.ca

Applicant Name: \_\_\_\_\_ Application for Kindergarten for 20\_\_\_\_-20\_\_\_\_

Current Program/School: \_\_\_\_\_ Date: \_\_\_\_\_

**FIPPA/PHIA Release:** The parent or guardian of the child named on this form agrees to permit their current Program/School to release the information requested below to St. Alphonsus School, Inc. for the purposes of its application process.

Signature of parent/guardian of the applicant: \_\_\_\_\_ Date: \_\_\_\_\_

*The student named above has applied for admission to the Kindergarten program at St. Alphonsus School. We would appreciate your comments regarding this student as we proceed with the admissions process. This information will help us to address the student's needs and will be kept in strict confidence.*

Has this child been referred to or received any of the following services (Check all that apply) :

Occupational Therapy \_\_\_\_\_ Speech Language Pathology \_\_\_\_\_ Psychology \_\_\_\_\_

Did this child require an inclusion worker and/or one-on-one support in the preschool setting? Yes \_\_\_\_\_ No \_\_\_\_\_

**Please circle below** (Poor=1, Excellent=5) and provide comments as needed.

Attends regularly	1 2 3 4 5	Cooperates with others	1 2 3 4 5
Listens to stories and lessons	1 2 3 4 5	Relates with peers	1 2 3 4 5
Follows Directions	1 2 3 4 5	Relates with adults	1 2 3 4 5
Participates in Activities	1 2 3 4 5	Demonstrates age-appropriate fine motor skills	1 2 3 4 5
Displays Self-regulation	1 2 3 4 5	Shows an interest in reading/print Eg. Listens to stories, enjoys looking at books, recognizes own name, knows letters in name	1 2 3 4 5
Demonstrates independence Eg. Dressing, toileting, managing belongings	1 2 3 4 5	Demonstrates number awareness Eg. Recognizes some numbers, attempts counting	1 2 3 4 5

Have there been any challenges working with this child's parents/guardians? Yes \_\_\_\_\_ Minor \_\_\_\_\_ Not at all \_\_\_\_\_

Has this child exhibited ongoing behavioural challenges Severe \_\_\_\_\_ Minor \_\_\_\_\_ Not at all \_\_\_\_\_

Would you recommend this child for placement at St. Alphonsus School? Yes \_\_\_\_\_ No \_\_\_\_\_

#### Comments

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Name of Teacher/ECE (please print): \_\_\_\_\_ Signature: \_\_\_\_\_