

*Learning Profile – Page 1*

Dear parents,

As part of our enrolment process we would like to ask you to answer the following questions honestly. Our school offers a wide variety of learning enrichment programs for all students of all abilities. With your help, we will be able to develop an individual educational plan for your child that considers their language background as well as any special talents or needs. After completing this form you will meet with our EAL/SEN (English as Additional Language/Special Extra Needs) and Extension Program coordinator to discuss how we can best meet your child's educational goals.

Name of child: \_\_\_\_\_

Date of birth: d\_\_\_ / m\_\_\_ / y\_\_\_

Name of previous schools and dates that your child has attended:

1. \_\_\_\_\_

School Year: \_\_\_\_ - \_\_\_\_

2. \_\_\_\_\_

School Year: \_\_\_\_ - \_\_\_\_

3. \_\_\_\_\_

School Year: \_\_\_\_ - \_\_\_\_

4. \_\_\_\_\_

School Year: \_\_\_\_ - \_\_\_\_

Please put a tick on the word that best describes the English level of your child.

1. When people speak English to your child, how much does he/she understand?

everything  most  some  a little  very little

2. When he/she watches TV, how much does he/she understand English?

everything  most  some  a little  very little

3. When he/she speaks English, how much do other people understand?

everything  most  some  a little  very little



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4. Order the skills that your child needs at this time from 1 to 6. Number 1 is the most important and number 6 is the least important to him/her at this time. Please use each number only one time.

- Reading
- Writing
- Listening
- Speaking
- Vocabulary
- Pronunciation

5. Put a check mark (✓) in the box that best describes your child. Put only one check for each row.

Here's what he/she can do (using the English language).	He/She can do this. No problem.	He/She does OK most of the time, except when things are complicated.	This is a little difficult for him/her, but he/she can do it with some help from others.	This is very difficult for him/her. He/She can only do it with a lot of help from others.	He/She can't do this. It's much too difficult.
Talk about his/her country with a friend or classmate					
Ask for directions on the street or ask where something is in a store					
Ask someone to speak more slowly or to say things in a different way					
Fill out a form (name, birth date, address, phone)					
Explain about him/herself and the work that his/her parents do					
Understand the notes that my child wrote which the teacher has written from school					
Explain to the doctor/to someone in detail what's wrong or when he/she is in pain					
Pick a story and read it					

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6. Your Child's Activities

a. How many hours does your child spend in watching television each day? \_\_\_\_\_

b. What television programs does your child usually watch?

\_\_\_\_\_

What are the languages used in the television programs that your child watches?

English  Other Language/s (please specify): \_\_\_\_\_

7. How many times did you or someone in your family read to your child per week?

Not at all  Once or twice  Three or more times  Every day

8. What language is used when reading to your child?

English

Other Language/s (please specify): \_\_\_\_\_

Unable to read to my child

9. Has your child been diagnosed of any exceptionality?

(If YES, please proceed to question 10. If NO, please proceed to question 12.)

Yes  No

10. If yes, what is your child's current diagnosis?

ADHD/ ADD (Attention deficit (hyperactivity) disorder)

Asperger's Syndrome / Disorder

Autistic Disorder

Learning Disability (please specify which condition): \_\_\_\_\_

Gifted

Other Disability (please specify): \_\_\_\_\_

11. What support do you think your child needs?

**A. Attention Accommodations**

- allow time for oral responses
- breaks in-between tasks
- extra time to complete tasks
- folder to organize work
- needs a 'buddy' to transition to new situations / places
- one paper / task at a time
- one to two-step directions, gradually increasing
- repeat phrase oral / written directions and have them repeated back
- separate, quiet area for independent work
- visual / verbal cues from teacher especially during directions
- \_\_\_\_\_
- \_\_\_\_\_

**B. Behavior Accommodations**

- daily / weekly behavior chart
- extra time to transition to changes in schedule
- flexibility in sitting / movement
- model appropriate behavior responses
- monitor social progress
- praise and positive reinforcement needed to strengthen self-esteem
- provide consequences for unacceptable behavior
- provide guided choices
- time out opportunities
- \_\_\_\_\_
- \_\_\_\_\_

**C. Speech / Language Accommodations**

- Model complete sentences and articulation when misunderstood
- eye contact with speaker for articulation modeling
- extra time to process
- prompts for expanded language
- prompts to slow down



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- prompts to verbally remain on topic
- verbal cues to encourage verbal communication
- written / picture schedule on desk
- \_\_\_\_\_
- \_\_\_\_\_

**D. Academic Accommodations**

- consistent, repetitive reinforcement
- language strategies of semantic webs / maps / story narratives
- limit copying from book / board
- allow to use manipulatives
- new concepts need to be reinforced
- peer tutoring
- preferential seating with good peer model
- reduce homework assignments
- remedial reading / math
- simplify steps in a process
- small group skills reinforcement
- small reading group
- study partner
- enlarge materials on copier
- \_\_\_\_\_
- \_\_\_\_\_

12. Does your child have special interests / talents? If so, please state.

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13. What is the preferred learning style of your child? Please describe.

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14. Do you have any concerns regarding the future education of your child?

Yes  No

If yes, please state.

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15. Has your child received any learning support before?

Yes  No

If yes, please describe.

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16. Would you like your child to receive learning support from our school?

Yes  No

If yes, please state what kind of learning support your child needs.

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THANK YOU!