



Request for Daycare/Preschool Information

To be completed by: Daycare Director

633 Wellington Crescent
Winnipeg, MB R3M 0A8, Canada
Telephone: (204) 235-8866 Fax: (204) 235-8870

STUDENT'S NAME: _____	DATE OF BIRTH: _____
Parent/Guardian: _____	Address: _____
Postal Code: _____	Telephone No: (H) _____ (W) _____

DAYCARE INFORMATION:

Does this child currently attend a day care/preschool program? Yes No Number of days/week _____

Daycare/Nursery Program: Name _____

Address _____

(include postal code)

Phone No.: _____ Fax No.: _____

Director: _____

When did the child start the program? _____

Special Needs Worker (one-on-one worker) Yes No

Type of Program: _____ days/week Size of Program: _____

Please list any specific questions or concerns for which you would like help from the Manitoba FASD Centre with regards to this child.

What are the child's strengths?

What are the child's weaknesses or difficulties?

Describe the child's learning style (activity level, organization skills, impulsiveness, etc.)

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

	Major Concern	Minor Concern	No Concern	Cannot Judge	Comment
GROSS MOTOR SKILLS					
• Posture	_____	_____	_____	_____	_____
• Gait	_____	_____	_____	_____	_____
• Fatigues Quickly	_____	_____	_____	_____	_____
• Tip-toe Walking	_____	_____	_____	_____	_____
• Ball Skills	_____	_____	_____	_____	_____
• Playground Safety	_____	_____	_____	_____	_____
• Playground Skills	_____	_____	_____	_____	_____
• Coordination	_____	_____	_____	_____	_____

Other (specify) _____

FINE MOTOR SKILLS					
• Crayon/pencil skills	_____	_____	_____	_____	_____
• Use of scissors	_____	_____	_____	_____	_____
• Printing/drawing	_____	_____	_____	_____	_____
• Hand Dominance	_____	_____	_____	_____	_____
• Switching hands	_____	_____	_____	_____	_____
• Puzzle skills	_____	_____	_____	_____	_____

Other (specify) _____

SELF HELP SKILLS					
• Undressing self	_____	_____	_____	_____	_____
• Dressing self	_____	_____	_____	_____	_____
• Use of zippers/buttons	_____	_____	_____	_____	_____
• Feeding self	_____	_____	_____	_____	_____
• Specify fork/spoon)	_____	_____	_____	_____	_____
• Washing hands/face	_____	_____	_____	_____	_____
• Helping clean up	_____	_____	_____	_____	_____
• Toileting	_____	_____	_____	_____	_____

Other (specify) _____

	Major Concern	Minor Concern	No Concern	Cannot Judge	Comment
BEHAVIOR & SOCIAL SKILLS					
• Ability to start play	_____	_____	_____	_____	_____
• Activity Level	_____	_____	_____	_____	_____
• Turn-taking	_____	_____	_____	_____	_____
• Abiding by rules & limits	_____	_____	_____	_____	_____
• Ability to share	_____	_____	_____	_____	_____
• Adjust to new routines	_____	_____	_____	_____	_____
• Attention span	_____	_____	_____	_____	_____
• Eye Contact	_____	_____	_____	_____	_____
• Ability to transition between activities	_____	_____	_____	_____	_____
• Solitary play	_____	_____	_____	_____	_____
• Resistance to go to day care	_____	_____	_____	_____	_____
• Frequent cries	_____	_____	_____	_____	_____
• Destructive of other's belongings	_____	_____	_____	_____	_____
• Physical aggression	_____	_____	_____	_____	_____
• Temper tantrums	_____	_____	_____	_____	_____

Other (specify) _____

SPEECH AND LANGUAGE SKILLS

• Speech Clarity	_____	_____	_____	_____	_____
• Understand Vocabulary	_____	_____	_____	_____	_____
• Understand Directions	_____	_____	_____	_____	_____
• Expressive Abilities	_____	_____	_____	_____	_____
• Initiate Conversations	_____	_____	_____	_____	_____
• Maintain Conversation	_____	_____	_____	_____	_____
• Terminate Conversations	_____	_____	_____	_____	_____
• Stuttering	_____	_____	_____	_____	_____

ENVIRONMENTAL:

Environment can impact on the behavior of a child. Please comment on the current daycare environment.

- Daycare is visually stimulating (i.e. decorations/displays on walls, hanging from ceiling)
 Yes No Comment _____
- Shelves are closed with doors or drapes to reduce stimulation.
 Yes No Comment _____
- Noise level in room is low; background noise is minimized or removed.
 Yes No Comment _____
- There is an area of the daycare that is private, secluded and free of stimulus where students are free to work or clam down, etc.
 Yes No Comment _____
- Open area classroom.
 Yes No Comment _____
- Fluorescent lighting.
 Yes No Comment _____

- Individual desk (If yes, location of desk).
 Yes No Comment _____
- Group seating.
 Yes No Comment _____
- Time out space for behavior management in classroom.
 Yes No Comment _____
- Calming space in classroom.
 Yes No Comment _____

How many transitions does the student encounter throughout the day? Please specify recess, lunch, and other classes.

How does the student handle these? Are any of the transitions particularly difficult?

PERSON FILLING OUT THIS FORM:

Name of person completing this form: _____ Position/Title: _____

Referred by (e.g. who or what organization informed you about the centre?) _____

Signature: _____ Date: _____

Thank you for your help in completing this questionnaire. Please attach copies of the student's latest assessment or progress reports and include any other information, which may help for the assessment.