



## Preschool / Kindergarten Information

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**Thank you** for taking the time to fill out this brief form.

We appreciate that your time is valuable.

This child has a medical appointment to address their developmental / emotional / behavioural / psychological needs.

Their parents have given permission for this to be completed.

Preschool / Child  
care / Kindergarten

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Child's name

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Your name

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Date completed

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Please describe your role/position, and how you have worked with this child:

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What do you see as their strengths / interests / abilities?

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Overall, how concerned or worried are you about them?

Not at all

A little

Moderately

Very

[ ]

[ ]

[ ]

[ ]



What is this child's educational setting?

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Are you providing supports for this child?  
If so, please describe these, and how they are funded.

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Any other comments? For example, are there specific ways we may be of assistance to you with this child (continue over if needed) ?

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*If possible, please provide the family with any assessment reports.*

**Developmental Medicine Consulting**

**Thank you**

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