



SCHOOL DISTRICT 5

S O U T H E A S T K O O T E N A Y

ELL Services - Student Interview – Confidential

- This information is supplemental to the school registration form.
- Make sure to check in with parents if they have questions or clarifications.
- Families should feel safe and respected in schools. Many students may feel like they **need** to change their name to make it easier for school staff – we will always accommodate and learn a student’s preferred name. Avoid shortening or nicknames unless directly requested by families.

Personal information

Student Name:		Gender:	
Language(s) used at home:		Pronouns (She/He/They):	
Country of Birth:		Grade:	
Date of Birth:		School:	

Previous Residence(s)

Place/Length of stay/name of school

1.		Attended school?	<input type="checkbox"/> Y	<input type="checkbox"/> N
2.		Attended school?	<input type="checkbox"/> Y	<input type="checkbox"/> N
3.		Attended school?	<input type="checkbox"/> Y	<input type="checkbox"/> N

(If possible, attach school records/report cards.)

Languages

First/Other Language(s)	Language	Speak? (Y/N)	Understand? (Y/N)	Read? (Y/N)	Write? (Y/N)

Family Information

Has the student lived continuously with birth parents: Y N

If no:	
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Siblings:

	Name	Age	School		Name	Age	School
1				3			
2				4			

Education History

Name of school:		Grades:		Location:	
Name of school:		Grades:		Location:	
How often?		Language of instruction:			
Days/week?					
Hours/day?					

How did your child do in school?	
Any concerns?	

Other pertinent information: Is there anything you want their teachers to know?

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Cultural or Spiritual Considerations

Are there any cultural, religious, or spiritual considerations that the school should be aware of? (e.g. prayer, music, physical education, dietary restrictions.)

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Developmental and Medical History

Has your child had medical issues/concerns in the past? Y N

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Has your child had:

Hearing checked?	<input type="checkbox"/> Y <input type="checkbox"/> N	Where:		When:	
Vision checked?	<input type="checkbox"/> Y <input type="checkbox"/> N	Where:		When:	

Any other health concerns or past experiences:

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Student Interests

Favourite Subjects			
Interest in Reading: L1		Other Language(s):	

Outside of school activities (Hobbies, interests, music, sports):

Other pertinent information you would like us to know about your child? Y N

Additional Information

Explain any lunch policies – ie. Hot lunches, food restrictions for allergies, additional costs.

Attendance process – contact school if they will be away.

Schools phone number _____

Explain referral process and provide form.