



TURTLE MOUNTAIN SCHOOL DIVISION

EAL INITIAL RECEPTION INTAKE

CONFIDENTIAL

EAL Learner (check one):

- Aboriginal student who speaks one or more Aboriginal languages and has limited English language proficiency
- Aboriginal student who speaks a dialect of English strongly influenced by Aboriginal languages
- Student born in Canada whose home language is other than English and who has limited English proficiency
- Newcomer to Canada who has age appropriate schooling and a language other than English
- Newcomer to Canada with periods of interrupted schooling and a language background other than English
- Student who is new to or born in Canada who speaks a variety of English that varies considerably from that used in Canadian schools
- Student who is born or educated in a Tyrolean/German-speaking Hutterite Colonies
- Student who is Deaf or Hard of Hearing and whose first language is a signed language
- Other (explain) _____

PERSONAL INFORMATION:

Legal Name: _____ Gender: Male Female
(Family) (Given) (Middle)

Name to be used in School: _____ CIMS No: _____

Country of Birth: _____ Date of Birth: _____ Age: _____ Years of Prior
Day/month/year Schooling: _____

Date Arrived in Canada: _____ Date arrived in Manitoba: _____
Day/month/year Day/month/year

Person(s) accompanying student to interview:

Name	Relationship	Telephone
_____	_____	_____
_____	_____	_____

RESIDENCY

Other communities/countries of residence (in order of migration from first to last)	Length of Stay
1. _____	_____
2. _____	_____
3. _____	_____

Name of sponsoring family, organization, or settlement agency and contact information:

FAMILY INFORMATION

Student currently lives with (check all that apply): Father Mother Guardian Adoptive Family
 Siblings By himself/herself Grandparent(s) Relative Agency Other: _____

Language(s) currently spoken at home (in order of dominance):
 1) _____ 2) _____ 3) _____

Are there any cultural/religious/spiritual/food/etc. accommodations that the school should be aware of?

PARENT INFORMATION (complete where applicable)

Father's/Guardian's/Spouse Family Name: _____ **Given Name:** _____

Address: _____ **Home Phone no:** _____

Employer/Educational Institution/Other: _____ **Phone No:** _____

Knowledge of English: None Some Fluent **Comments:** _____

Knowledge of French: None Some Fluent **Comments:** _____

Mother's/Guardian's/Spouse Family Name: _____ **Given Name:** _____

Address: _____ **Home Phone no:** _____

Employer/Educational Institution/Other: _____ **Phone No:** _____

Knowledge of English: None Some Fluent **Comments:** _____

Knowledge of French: None Some Fluent **Comments:** _____

Student's Siblings:

Name	Sex	Age	Lives with Student?	Grade and School/Occupation	Knowledge of English (None, Some, Fluent)	Knowledge of French (None, Some, Fluent)

At home, who can help student with homework/school work? _____

EDUCATIONAL HISTORY

Age at entering first school _____

Community/Country	Dates (from-to)	Type of school*	Grades/levels	Language of instruction
*Public / Private / First Nations (Independent) / Refugee Camp / Rural / Urban / Home schooled / Technical / Vocational / Academic				

Report cards/records/samples of work from previous school(s)? Copies attached Translated? Yes No

School Attendance: Regular Irregular Lengthy Disruptions – length of disruption: _____

Reason for Irregular/Disrupted Attendance: Illness Work Voluntary Relocation War/Civil Unrest
 Loss of Family Member Other: _____

Last Grade Completed: _____ Canadian Grade Equivalent: _____ Current Age-Appropriate Grade: _____

Overall School Performance: Below age appropriate At age appropriate Above age appropriate

Are there any learning problems or difficulties? _____

LINGUISTIC PROFILE

Previous Instruction in English - No. of Years: _____ Emphasis: Listening Speaking Reading Writing

Previous Instruction in French - No. of Years: _____ Emphasis: Listening Speaking Reading Writing

Language Proficiency (please indicate student's level of proficiency)

Language	Level of Proficiency (use: none, some, fluent, N\A)			
	Understands	Speaks	Reads	Writes
English				
French				

In any language:

Is the student read to at home? Never Sometimes Frequently

Does the student read at home? Never Sometimes Frequently

Ask student about:

Education/Career Goals: _____

Favourite Subjects: _____

Least Favourite Subject: _____

Hobbies/Interests/Activities/Sports: _____

Special experiences the child may be involved with (ie. babysitting, selling in a market, farming, fishing, silver-smithing, carpet making, blueberry picking, etc.): _____

Some highlights or challenges they experienced in coming to Canada: _____

MEDICAL INFORMATION

At what age did the student begin to Speak? _____ Walk? _____

Does the student have or has had chronic ear, nose, throat, or eye problems? _____

List any significant illnesses (such as high fever, etc), accidents, operations, or diagnosis: _____

List any medications student is taking: _____

Does the student have any allergies? Describe: _____

Has the student had a recent:

- | | | |
|----------------|--|-------------|
| Vision Test? | <input type="radio"/> Yes <input type="radio"/> No | Date: _____ |
| Hearing Test? | <input type="radio"/> Yes <input type="radio"/> No | Date: _____ |
| Physical exam? | <input type="radio"/> Yes <input type="radio"/> No | Date: _____ |

Name and contact information of Family Physician: _____

Does the student feel safe (at home, school, community)? _____

NOTE: Any information regarding hardships/trauma/health/disability: _____

PLACEMENT

- EAL Program Regular Program with EAL adaptations Regular Program

Classroom Teacher: _____ Grade: _____ Room: _____ Start Date: _____
Day/month/year

Newcomer Assessment Field: **10:** at grade level **20:** 1-2 yrs below GL **30:** >2 yrs below GL
(Circle one) **40:** no formal school **50:** not assessed

Interviewer's Name: _____ Interview Date: _____

Location: _____

Interpreter's Name: _____ Telephone #: _____

This Personal and Personal Health Information is being collected under the authority of The Public Schools Act for purposes related to the provision of educational programs and/or services supporting the student's educational progress. It is protected by the Protection of Privacy provisions of The Freedom of Information and Protection of Privacy Act and/or The Personal Health Information Act. *If you have any questions about the collection, please contact your school Principal.*

Interviewer's notes and thoughts:

