



Date: \_\_\_\_\_

School: \_\_\_\_\_

## English as an Additional Language Initial Reception Information

**CONFIDENTIAL**

### **Personal Information**

Legal Name: \_\_\_\_\_  
(family) (given) (middle)

Country of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(day/month/year)

### **Previous Residency**

Other countries of residence (in order of migration from first to last) Length of Stay

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

Person(s) accompanying student to interview:

\_\_\_\_\_  
(Name) (Relationship) (Telephone)

\_\_\_\_\_  
(Name) (Relationship) (Telephone)

Language(s) currently spoken at home (in order of dominance):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

### **Family Information**

Has the student lived continuously with birth parent(s)?  Yes  No

If no, with whom? \_\_\_\_\_ Where? \_\_\_\_\_

When? \_\_\_\_\_ How Long? \_\_\_\_\_

Why? \_\_\_\_\_

| Student's Sibling's Name | Gender | Age | Current Place of Residency |        | Grade Finished/Occupation | Knowledge of English |
|--------------------------|--------|-----|----------------------------|--------|---------------------------|----------------------|
|                          |        |     | Canada                     | Abroad |                           |                      |
|                          |        |     |                            |        |                           |                      |
|                          |        |     |                            |        |                           |                      |
|                          |        |     |                            |        |                           |                      |
|                          |        |     |                            |        |                           |                      |

Are there any cultural/religious accommodations requested? (Ensure that parents/students are aware that although religious accommodations are requested, schools may not be able to grant them.)

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**Educational History** (prior to entry in Manitoba school system)

Report cards/records/samples of work available from previous schools?  (attach copies)

Translated  Yes  No Age at entering first school \_\_\_\_\_

| Country | Dates (from-to) | Type of school* | Grades/levels | Language of instruction |
|---------|-----------------|-----------------|---------------|-------------------------|
|         |                 |                 |               |                         |
|         |                 |                 |               |                         |
|         |                 |                 |               |                         |

\*Public / Private / Refugee Camp / Rural / Urban / Home schooled / Technical / Vocational / Academic etc.

Favorite subjects: \_\_\_\_\_

Hobbies, interests, activities or sports: \_\_\_\_\_

Is the student read to at home (in any language)?  Never  Sometimes  Frequently  
 Does the student read at home (in any language)?  Never  Sometimes  Frequently

School attendance in the last year:  Daily  Sporadic

Reason for irregular/disrupted attendance (check as many as appropriate):

Illness       Work       Voluntary relocation  War/Civil unrest       Loss of family member

Other: \_\_\_\_\_

Number of years attended school: \_\_\_\_\_

| Language     | Level of Proficiency *(none, some fluent, N/A) |        |       |        |
|--------------|--|--------|-------|--------|
|              | Understands                                    | Speaks | Reads | Writes |
| English      |  |        |       |        |
| French       |  |        |       |        |
| Other: _____ |  |        |       |        |
| Other: _____ |  |        |       |        |

\*Language Proficiency (Please indicate the student's general level of proficiency based on interview).

\*\* Other Language level of proficiency may be based on an interpreter's impression.

**Medical Information**

At what age did the student begin to speak? \_\_\_\_\_ Walk? \_\_\_\_\_

List any significant illnesses, accidents, operations, allergies:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has the student had a recent:

Vision Test:       Yes       No      Date: \_\_\_\_\_

Hearing Test:       Yes       No      Date: \_\_\_\_\_

**Placement**

EAL Program       Regular Programs with adaptations       Regular Program

|                           |                       |
|---------------------------|-----------------------|
| Interviewer's Name: _____ | Interview Date: _____ |
| Location: _____           |                       |
| Interpreter's Name: _____ | Telephone #: _____    |

This Personal Information 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 Privacy Act and/or The Personal Health Information Act. If you have any questions about the collection, please contact your school principal.