



Table de Concertation
Enfance - Famille - Jeunesse
de l'Ouest-de-l'Île



My portrait

Envol Committee from the Table de Concertation Enfance-Famille Jeunesse de l'Ouest-de-l'Île

(Adaptation of an original document from the Commission Scolaire au Cœur-des-Vallées)

- My name is : _____ . I was born on : _____ .
Name Family name Day Month Year
- My parent's name is : _____
- My parent's name is : _____
- At home I speak: ☐ English ☐ French ☐ other: _____
- I am the _____ child of a family of _____ children.
(1st, 2nd, etc.)
- I live with : ☐ my parents ☐ shared custody ☐ mom ☐ dad ☐ other : _____

Is there a limit to the visitation rights of one or the other parent?

If so, check : ☐ mother ☐ father ► In such a case, you must supply the school with a copy of the court judgment.

Currently, during the day, I am at:

- ☐ home ☐ Centre de la petite enfance (daycare facility) ☐ Home daycare
☐ Preschool / Drop-in daycare ☐ Other, specify : _____

Name : _____

Attending since : _____ Number of days/week : _____
Month Year

Next year, I will go to this school (name/location): _____

My body in action <i>I am able to :</i> 	Without help		With a little help		With a lot of help		Not observed	
Run and jump.								
Cut while properly holding my scissors.								
Draw while properly holding my crayon.								
Dress myself.								
Zip up my zipper.								
Button up my jacket.								
Go to the bathroom and wipe on my own.								
Alternate feet while going up and down stairs.								
Comments/examples :								

Me <i>I am able to :</i> 	Without help		With a little help		With a lot of help		Not observed	
Express my emotions and feelings adequately.								
Express my needs to an adult.								
Find ways to meet my needs.								
Comments/examples :								

Me and others <i>I am able to :</i> 	Without help		With a little help		With a lot of help		Not observed	
Share my games and common materials.								
Interact with different people.								
Take my place in a group.								
Follow instructions and social rules of the group.								
In conflict resolution, look for solutions.								
In conflict resolution, listen to the other's opinion.								
Respond positively to the requests of an adult.								
Wait for my turn.								
Adapt to transitions.								
Comments/examples :								

I communicate <i>I am able to :</i> 	Without help		With a little help		With a lot of help		Not observed	
Produce complete sentences.								
Be understood by a stranger.								
Understand what is being said to me.								
Respect the topic of conversation.								
Participate in the conversation.								
Be understood in English.								
Comments/examples :								

I explore <i>I am able to :</i> 	With out help		With a little help		With a lot of help		Not observed	
Participate in proposed activities.								
Ask questions.								
Exchange ideas.								
Play pretend.								
Comments/examples :								

I finish what I have started <i>I am able to :</i> 	Without help		With a little help		With a lot of help		Not observed	
Finish a task (ex. : an art activity, a drawing, a game).								
Maintain my concentration.								
Persevere, accept trial and error.								
Participate in clean-up.								
Comments/examples :								

Is there any further information on the child which would allow us to better know him/her (strengths and challenges) and help him/her in their development (ex : likes to be helpful, scared when alone, ...)

Complementary services

The child is receiving support in :

☐ Speech therapy

☐ Occupational therapy

☐ Psychology

☐ Psychoeducation

The child is being evaluated for: _____

The child is waiting for services in: _____

Parental authorization

I authorize the personnel of _____
to release the information contained in the present document to the teacher, specialists or the school management.

I authorize verbal exchanges between the personnel of _____
and the teacher, specialists or school management.

Signature of the parental authority: _____ **Date :** _____

By signing the present form, the signing parent is deemed to act with the consent of the other parent.

Completed by : _____ **Function :** _____

Date : _____

Phone # : _____

Email: _____



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