Date of Intake:       Family Tracking Name:

Builder Assigned:       Best Times:

Type of Session: Long Term:  Short Term:

Phone Number:       Email:

Address: Street:

City/Town:       Postal Code:

Directions:

Referral Source:

Area: Please check one.

Black Diamond Turner Valley

High River Calgary

Longview Other

Okotoks

Self  Children Service

School  In-Home program

Health  Presentations

Ad  Other:

*List Participating Caregiver First Check box if adult lives in primary household of child*

Guardian/Parent/Adult (Gender) Relationship to child Age[[1]](#footnote-1) Education completed[[2]](#footnote-2)

                 

                 

                 

First & Last Name Ageand Birth Date Grade School M/F

**Child:**

Siblings: 1.                  

2.                  

3.                  

4.                  

5.                  

Family Configuration: (Check all that apply)

Nuclear  Step-Parent  Blended  Grandparent

Divorced  Foster  Single  Other:

Has anyone in the home been diagnosed with a learning issue or physical impairment? **Yes**  **No**

Name:       Learning Disability Diagnosed Not Diagnosed

Name:       Physical Disability Diagnosed Not Diagnosed

Name:       Other:       Diagnosed Not Diagnosed

Does your child have any medical considerations or take any medicine that could interfere with his/her learning?

Medical consideration:       Medication:

Eye exam: Yes / No When:

Hearing Test: Yes / No When:

Are you involved in any other Services or Programs?

Speech  Occupational Therapy  In Home Support

Family School Liaison Worker  Learning/Reading Support

Other:

Do you self identify as:

Do you agree to release the use of any photos that might contain yourself or your children for future use in promotional and/ or educational activities deemed appropriate by Literacy for Life Foundation?

**Yes No **

Métis  First Nation  Inuit

Do you self identify as being from another culture?

No  Yes

Canadian Citizen  Permanent Resident  Temporary Resident

Refugee

Level of English Language:

Basic  Intermediate  Advanced

Do you have a need for a translator?

No  Yes

First Language:       Other Languages spoken in the home:

**Signature indicates permission for Builder/Supervisor to contact:**

Doctor  Health Nurses  Family Support Worker  Teacher  Family School Liaison Worker

Other:      

**The contact will be for the sole purpose of gaining information that will help the Builder/Supervisor**

**understand the child’s learning and development.**

**This information will be shared with the parent.**

**Parent Signature: Date:**

Teacher:       Phone Number:

Other Contact:       Phone Number:

Information Parent has received from Teacher or other resources that pertain to child’s learning and development.

**Coordinator’s Comments:**

**Examples:**  Is there anything you would like to learn more about? Would like more information on...?

What are your child’s likes and dislikes…? Is there anything that you find perplexing?

What are some successes...? Tell me how you feel about…? What are some of your challenges with...?

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| **Pets:** |
| **Unacceptable Topics:** |

Family Indicators:

Family Indicators – (Risk Factors)

1. Isolation

2. Language – (ESL)

3. Cultural background

4. Adopted

5. Foster Care

6. Adult Low Literacy

7. Income

8. Gifted

9. Teen parent

10. Aboriginal

11. Single parent

12. Adult Learning Disability

13. Adult Physical Disability

14. Adult Mental Health

15. Adult Developmental Disability

16. Child Learning Disability

17. Child Physical Disability

18. Child Mental Health

19. Child Developmental Delays –

a) physical b) emotional c) social

20. French Immersion

21. Multiple Births

22. Speech

23. School Difficulties

24. Behavior

25. Parenting

26. Home Schooling

27. travel/separation

28. Family circumstance

29. Other – place for text

1. 0-60 months, 61 months – 11 years, 12 – 17 years, Adults - younger than 19, 20 - 34, 35 - 54, [↑](#footnote-ref-1)
2. (No Schooling) (Grade 1- 6) (Grade 7-9) (Some High school or Graduate) (Special Education), (Some Post Secondary) (Post Secondary Graduate) [↑](#footnote-ref-2)