

Planning for Entry to School

Parents please register your child online at www.peelschools.org/parents/register and upload a completed *Planning for Entry to School Form* along with supporting documentation. Schools will not be processing registrations in person, they will continue to be completed electronically. The school will then download, scan and email this package to Special Education Support Services for a follow up.

CHECK LIST FOR SCHOOL

- Schools are reminded to register new students with a documented developmental disability, Autism Spectrum Disorder, physical disability, or who are blind/low vision or hard of hearing at their home school.
- During registration, when families complete a “Planning for Entry to School” Form, please ensure you enter the student’s registration number (SIS No) and home school name at the bottom of this form and attach a copy of the diagnosis/medical report before forwarding the Planning for Entry to School Form to the mailbox
- Please do not fax, but only email the form and documentation to planningforentry.mailbox@peelsb.com

Please Print

Student Name: _____ <div style="display: flex; justify-content: space-between; width: 100%; font-size: small;"> Surname First </div>		Date of Birth: _____ Gender: M <input type="checkbox"/> <div style="display: flex; justify-content: space-between; width: 100%; font-size: small;"> Y. M. D. F <input type="checkbox"/> </div>	
Address: _____ <div style="text-align: right; margin-top: 10px;"> Postal Code: _____ </div>			
Telephone: _____ (Home) _____ (Business) _____ (Cell) Email: _____			
Name of Parent(s)/Guardian(s): _____		Language(s) Spoken at Home: _____	
Public School (If known): _____			
Community Resources and Services		<i>Please identify the services that assist you and your child. For example, ErinoakKids, Community Living, Holland Bloorview, Kids Rehabilitation Hospital, Hospital for Sick Children, Geneva Centre, Autism Intervention Services, Kids Pathways Peel, Kerry's Place, etc.</i>	
Resource/Service Name	Name of Contact	Telephone No.	Email
Your Child's Preferred Activities and Interests:			

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Your Child's Current Strengths and Abilities:	
Please provide any other information that may assist in understanding the needs of your child:	

Documented Medical Diagnosis/Condition:

Health/Personal Care	Yes √	Please provide a brief description of your child's abilities regarding:
Toileting	<input type="checkbox"/>	
Feeding	<input type="checkbox"/>	
Lifting, transferring	<input type="checkbox"/>	
Dressing	<input type="checkbox"/>	
Mobility	<input type="checkbox"/>	

Medical/Health Needs	Yes √	Please provide a brief description:
Catheterization	<input type="checkbox"/>	
G-tube feeding	<input type="checkbox"/>	
Suctioning	<input type="checkbox"/>	
Medication	<input type="checkbox"/>	

Assessment Information	Yes √	Date of Assessment	Agency	Results
Developmental	<input type="checkbox"/>			
Vision	<input type="checkbox"/>			
Hearing	<input type="checkbox"/>			
Speech/Language	<input type="checkbox"/>			
Other	<input type="checkbox"/>			

Special Equipment

N/A Splint/brace Canes Walker Power wheelchair Manual wheelchair
 FM System Augmentative Communication Systems (e.g., PCS, voice output devices)

Consent

I give my consent to Special Programs staff of the Peel District School Board to:

Observe my child at his/her current educational setting

Receive any school reports

Name of Current Educational Setting: _____ **Contact:** _____

Telephone No. : _____

Planning for Entry to School

Days Attending: M T W T F AM PM

My child is currently not attending in an educational setting, but I would appreciate a home visit.

Parent/Guardian Signature: _____ **Date:** _____

For School Office Use Only

Home School Name: _____

Form provided to: Home School WWtW-Brampton WWtW-Malton WWtW- Mississauga

Student Number: _____ **Expected Start Date:** _____

COPY:

- OSR
- Special Programs Department