

# Nanaimo Unique Kids Organization

## Student Screening Tool

Surname,  
Child's Christian Name

Parents Names

Child's Age

Family Mailing Address (include postal code)

Email wk: Home:

PH (hm) Cell: Work

Child's diagnosis

Child's approximate functional capacity/age

Social -

Emotional -

Physical -

Academic -

Does the child have additional disabilities? If yes, please explain.

Is the child independent with:

Toileting

Eating

Going up and down stairs

Attention Span:

What does the child attend to well (sound, visuals, etc.)?

What seems to distract the child?

Does the child have "significant" fears?

Describe the child's current daily program/schedule

Does the child have any allergies to food or items often found in a school classroom or kitchen?

Describe the child's social skills with:

Peers -

Other children -

School staff -

Activities in the community -

Please share the child's strengths (i.e. loves to please)

Please share the child's greatest challenges (i.e. lacks confidence, withdrawn, etc.)

Please offer pertinent information you believe would be helpful in understanding your child and his/her needs.

What are your expectations regarding our possibly accepting your child into the Learning Centre program?

**Thanks for providing this information.  
We hope to be of more assistance to you in the future.**