



**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 / French
			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.)

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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)

**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**

Recommended Grade Placement: \_\_\_\_\_  
grade

The following recommendations should be made based on assessment(s):  
(Please check **one** program and **one** level)

- |   |   |
|---|---|
| <input type="checkbox"/> EAL Program                      | <input type="checkbox"/> EAL Level 1 - Beginner     |
| <input type="checkbox"/> Regular Program with adaptations | <input type="checkbox"/> EAL Level 2 - Intermediate |
| <input type="checkbox"/> Regular Program                  | <input type="checkbox"/> EAL Level 3 - Advanced     |

Classroom Teacher: \_\_\_\_\_ Room: \_\_\_\_\_

Additional Comments regarding assessments and placement: \_\_\_\_\_

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Interviewer's Name: \_\_\_\_\_ Interview Date: \_\_\_\_\_

Location: \_\_\_\_\_

Interpreter's name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

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