

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:

- Self
- School
- Health
- Ad
- Children Service
- In-Home program
- Presentations
- Other: \_\_\_\_\_

Area: Please check one.			
Black Diamond	<input type="checkbox"/>	Turner Valley	<input type="checkbox"/>
High River	<input type="checkbox"/>	Calgary	<input type="checkbox"/>
Longview	<input type="checkbox"/>	Other	<input type="checkbox"/>
Okotoks	<input type="checkbox"/>		

List Participating Caregiver FirstCheck box if adult lives in primary household of child

Guardian/Parent/Adult (Gender)	Relationship to child	Age <sup>1</sup>	Education completed <sup>2</sup>
<input type="checkbox"/> _____	_____	_____	_____
<input type="checkbox"/> _____	_____	_____	_____
<input type="checkbox"/> _____	_____	_____	_____

First & Last Name	Age <sup>1</sup> and Birth Date	Grade	School	M/F
<b>Child:</b> _____				
Siblings: 1. _____				
2. _____				
3. _____				
4. _____				
5. _____				

Family Configuration: (Check all that apply)

- Nuclear
- Divorced
- Step-Parent
- Foster
- Blended
- Single
- Grandparent
- 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 \_\_\_\_\_

<sup>1</sup> 0-60 months, 61 months – 11 years, 12 – 17 years, Adults - younger than 19, 20 - 34, 35 - 54,

<sup>2</sup> (No Schooling) (Grade 1- 6) (Grade 7-9) (Some High school or Graduate) (Special Education), (Some Post Secondary) (Post Secondary Graduate)

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:

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: \_\_\_\_\_

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**

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.



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