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Vancouver Island Children’s Assessment Network (VICAN)

(PRE)SCHOOL REPORT Child’s name: _____
Birth date: _____
Parents: _____
Date Completed: _____

To the teacher: *The above named child has been referred to the Assessment Clinic. The following information will be helpful in understanding the child’s school performance and experience. Please include additional relevant information from the school counselor or other school personnel. There will be a post conference after the assessment to discuss recommendations for ongoing services and support; the child’s parent will notify you of the time and date.*

NAME OF SCHOOL: _____ TEACHER: _____

GRADE/AGE GROUPING: _____ CLASS SIZE: _____ ATTENDANCE: _____

What are the major concerns, questions about this child if any? _____

Describe any special help given previously and presently _____

What specific adaptations/modifications are implemented in the classroom setting? _____



Describe child's learning style, including; activity level, attention level, impulsivity, organizational skills: _____

Describe the child's general classroom behavior and work habits: _____

Does the child have any special interests, talents, hobbies? _____

Describe his/her social abilities and peer interaction? _____

What services/ programs are available for this child in your school? _____

Compare the child's performance in the following areas with his/her classmates

	Strong	Average	Weak
Vocabulary			
Comprehension			
Attention			
Fine Motor			
Gross Motor			
Play			
Social Skills			
Self Care			
Problem Solving			

Please add any other information which you think will be of value for consideration during the assessment and in the development of recommendations for this child. _____

Please return to Child Development Centre

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