

**Anglophone West School District**  
**Student Data Collection Form 2017-2018**  
**School: Assiniboine Avenue Elementary School**

(For School Use Only)

Grade: \_\_\_\_\_  
Homeroom: \_\_\_\_\_  
Bus In: \_\_\_\_\_  
Bus Out: \_\_\_\_\_  
½ Day Bus: \_\_\_\_\_

This form is to verify that the information we currently have on file is correct. Review the information listed and make any changes required directly on this form. Should this information change during the school year, please advise the school office. Please sign and return this form to your child's homeroom teacher.

**STUDENT INFORMATION**

Student's Name: \_\_\_\_\_ (Last, First Middle)

Student's Mother's Maiden Name: \_\_\_\_\_

Birth Gender: ( ) Female ( ) Male Identified Gender: ( ) Female ( ) Male independent ( ) Male

Date of Birth: \_\_\_\_\_ (MM/DD/YYYY)

**Physical Address**

Street Address/Apt.: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Community: \_\_\_\_\_

**Mailing Address**

Street Address/Apt.: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Community: \_\_\_\_\_

P.O. Box: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**After School Information**

Does this student go home? ( ) Yes ( ) No

Caregiver: \_\_\_\_\_ Phone: ( ) - \_\_\_\_\_

Street Address/Apt.: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Community: \_\_\_\_\_

**Additional Student Information**

Home Phone: \_\_\_\_\_

Language spoken most often at home: ( ) - \_\_\_\_\_

Other language spoken regularly at home: \_\_\_\_\_

**Student Contact (Mother/Guardian)**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact Valid For: (check all that apply)

[ ] School Closure [ ] Emergency [ ] Can Pick Up [ ] Parent/Guardian [ ] Mailing [ ] Lives With

Phone 1: ( ) - \_\_\_\_\_ Ext: \_\_\_\_\_ Type: \_\_\_\_\_ (e.g. Home, Mobile)

Phone 2: ( ) - \_\_\_\_\_ Ext: \_\_\_\_\_ Type: \_\_\_\_\_

Phone 3: ( ) - \_\_\_\_\_ Ext: \_\_\_\_\_ Type: \_\_\_\_\_

Email Address: \_\_\_\_\_ (Please use BLOCK LETTERS)

Employer: \_\_\_\_\_

Language First Learned: \_\_\_\_\_

**Physical Address**

Street Address/Apt.: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Community: \_\_\_\_\_

**Mailing Address**

Street Address/Apt.: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Community: \_\_\_\_\_

P.O. Box: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**Student Contact (Father/Guardian)**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact Valid For: (check all that apply)

[ ] School Closure [ ] Emergency [ ] Can Pick Up [ ] Parent/Guardian [ ] Mailing [ ] Lives With

Phone 1: ( ) - \_\_\_\_\_ Ext: \_\_\_\_\_ Type: \_\_\_\_\_ (e.g. Home, Mobile)

Phone 2: ( ) - \_\_\_\_\_ Ext: \_\_\_\_\_ Type: \_\_\_\_\_

Phone 3: ( ) - \_\_\_\_\_ Ext: \_\_\_\_\_ Type: \_\_\_\_\_

Email Address: \_\_\_\_\_ (Please use BLOCK LETTERS)

Employer: \_\_\_\_\_

Language First Learned: \_\_\_\_\_

**Physical Address**

Street Address/Apt.: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Community: \_\_\_\_\_

**Mailing Address**

Street Address/Apt.: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Community: \_\_\_\_\_

P.O. Box: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Student Contact (Other/Emergency/Weather Closure)

Relationship: \_\_\_\_\_

Contact Valid For: (check all that apply)

School Closure  Emergency  Can Pick Up  Parent/Guardian  Mailing  Lives With

Phone 1: ( \_\_\_\_\_ ) \_\_\_\_\_ Ext: \_\_\_\_\_ Type: \_\_\_\_\_ (e.g. Home, Mobile)

Phone 2: ( \_\_\_\_\_ ) \_\_\_\_\_ Ext: \_\_\_\_\_ Type: \_\_\_\_\_

Phone 3: ( \_\_\_\_\_ ) \_\_\_\_\_ Ext: \_\_\_\_\_ Type: \_\_\_\_\_

Email Address: \_\_\_\_\_ (Please use BLOCK LETTERS)

Employer: \_\_\_\_\_

Language First Learned: \_\_\_\_\_

**Physical Address**

Street Address/Apt: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Community: \_\_\_\_\_

**Mailing Address**

Same as Physical Address: (  Yes (  No (If No please complete the information below)

Street Address/Apt: \_\_\_\_\_ P.O. Box: \_\_\_\_\_

Community: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

*Please use a separate sheet to add more contacts if required.*

**Medical Information**

Medicare number: \_\_\_\_\_

Dr. Phone: \_\_\_\_\_

Does this child have any life-threatening conditions (e.g. risk of anaphylactic shock)?

(  ) Yes (  ) No --- If Yes, please describe.

\_\_\_\_\_

\_\_\_\_\_

Does this child require an EpiPen®?

(  ) Yes (  ) No --- If Yes, (  ) Junior - Between 33 and 65 lbs. OR (  ) Regular - 66 lbs. or more

Does this child have any other medical concerns of which the school should be aware?

\_\_\_\_\_

Is there any other information you would like us to have that would help us improve service to this child? (e.g. special services received, other professionals/agencies which are serving this child, etc.)

**Siblings**  
Name \_\_\_\_\_

School Attending \_\_\_\_\_

**What do we do with student records**

In order to support learning, the public education system keeps a variety of information about students. Some of this information is kept permanently. It provides a record should it ever be needed in the individual's lifetime. This information includes: legal name, address, attendance, marks/grades, credits obtained, graduation status, transcript of marks, etc. Other types of information are also needed to provide a variety of services and supports to students. This second type of information is kept only as long as it is relevant to the services provided. It can include: standardized assessments, student work samples, clinical findings, comments of teachers, or other professionals, health information, current disciplinary letters/interventions, appeal records, copies of probation and custody orders, etc. Medicare numbers are only used in emergency situations.

Use of student information falls into three categories: to help educators and other professionals provide direct service to the student; for research and planning activities that improve education or improve services related to the overall student development; and for administrative purposes. If you have any questions regarding the use of personal information in the school system, please contact the Director of Schools at your appropriate Education Centre.

**Custody Information**

Please note: Schools are required to provide, on request from non-custodial parents, information about a student's education, except where a court order prohibiting access of a parent to a child exists. If there is a current, valid court order prohibiting access to this child, the responsibility rests with the custodial parent to provide the school with a copy of this document. Please contact the school.

Signature of Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_







STUDENT PHOTOGRAPHS AND STUDENT INFORMATION --  
PARENT/GUARDIAN CONSENT FORM  
APPENDIX A

Category: Educational Services

Draft: August 2014

Throughout the school year, student information may be used and disclosed for a variety of purposes (e.g., academic achievement, student celebrations, school photos). Schools and Districts in New Brunswick are now subject to the Personal Health Information Privacy and Access Act (PHIPAA). As of October 1<sup>st</sup>, 2012, the Right to Information and Protection of Privacy Act (RTIPPA) went into effect. In light of these two pieces of legislation, we will require written consent to use and disclose personal information pertaining to students.

I, \_\_\_\_\_ give consent for \_\_\_\_\_  
*(name of parent/guardian)* *(name of school)*  
to use and disclose personal information regarding my child  
for the activities checked below. *(name of child)*

**Please check the appropriate boxes:**

- Yes, my child's name and grade level may be released to a school photographer for school pictures.
- Yes, my child's name and grade level may be released to a school photographer for a student identification card.
- Yes, my child's name and photograph may be published in local media.
- Yes, my child's name and photograph may be published in the school yearbook.
- Yes, if relevant for the safety of my child, my child's name, grade level, photograph, medical condition and emergency procedures may be posted in the school for appropriate staff's use during an emergency situation.
- Yes, my child's name and photograph may be published on school or district website for academic recognition or school extra-curricular activities.
- Yes, my child's personal accomplishments may be recognized within the school community such as student of the month, athlete of the month or other award/recognition these could be announced over the schools PA system or published in the school newsletter.
- Yes, my child's name and/or photo may be listed publicly throughout the school in classroom, administration and recognition boards in the school. Examples: Classroom Names on cubicles, hooks etc., honor roll recognition boards in hallways etc.





Anglophone West School District

POLICY NO. ASD-W-360-7A

**STUDENT PHOTOGRAPHS AND STUDENT INFORMATION –  
PARENT/GUARDIAN CONSENT FORM  
APPENDIX A**

Category: Educational Services

Draft: August 2014

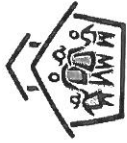
**If your child is in Gr. 12 please check the following boxes that are applicable:**

- Yes, my child's name and/or photo may be listed in graduation composite.
- Yes, my child's name and/or photo may be listed on a graduation list.
- Yes, my child's name and/or photo may be listed on a graduation invitation.
- Yes, if requested, both my child's name and address can be released to an elected official for recognition purposes for the graduation from High School.

Parent/Guardian Signature \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Date \_\_\_\_\_



## Family and Early Childhood West

Fredericton 506 454-8698 Woodstock 506 325-4493  
1 855-4KidsNB (454-3762)

October 2017

Dear Parents/Guardians:

### RE: **Early Years Developmental Assessment (EYE-DA)**

The Early Years Developmental Assessment (EYE-DA) is completed with all children who will begin kindergarten next September. The EYE-DA assesses the **developmental strengths and areas requiring support for children at the start of school**. It assesses four key areas of early childhood development: Awareness of Self and Environment, Cognitive Skills, Language and Communication, and Physical Development.

The EYE-DA is being conducted by your local Family and Early Childhood Agency on behalf of the Department of Education and Early Childhood Development. They will provide you with information about your child's developmental strengths, areas of need, and activities to support a positive transition to school.

The EYE-DA takes approximately 45 minutes per child. Colourful pictures and physical activities make the **EYE-DA** fun for children.

If you have any questions, please contact: **Family and Early Childhood West at 1-855-454-3762**.

Catherine Blaney, Acting Superintendent  
Anglophone West School District

Anna Marie Hayes, Director of Early Childhood Services  
Anglophone West School District

Patricia Harding-Chase, Regional Executive Director  
Family and Early Childhood West



## Family and Early Childhood West

1-855 (4KidsNB) 454-3762

### Consent to Release and Receive Information

Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_  M  F

Date of Birth: \_\_\_\_\_  
(Day) (Month) (Year)

Address: \_\_\_\_\_  
(Please use mailing address and include postal code)

Telephone: (Home) \_\_\_\_\_ (Other) \_\_\_\_\_ Email: \_\_\_\_\_

Mother/Legal Guardian: \_\_\_\_\_

Father/Legal Guardian: \_\_\_\_\_

The EYE-DA is administered in English.

Please contact us prior to the assessment at 1-855-454-3762, if your child is unable to complete the assessment in English. Please indicate your child's first language.

French  Other (indicate) \_\_\_\_\_

By signing this form, I, \_\_\_\_\_, the parent/guardian of \_\_\_\_\_, give **Family and Early Childhood West** permission to assess my child using the pre-kindergarten assessment tool, the **EYE-DA**, contact me with the results and release the results to the school my child will be attending and to the Department of Education and Early Childhood.

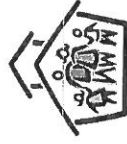
Name of School: \_\_\_\_\_

Signatures:

\_\_\_\_\_

Parents or Legal Guardians





## Family and Early Childhood West

Fredericton 506 454-8698 Woodstock 506 325-4493

1-855-4KidsNB (454-3762)

Dear Parents/Guardians:

**Consent to share contact information with Family and Early Childhood West and to receive information back from the agency concerning the Early Years Developmental Assessment (EYE-DA)**

The Early Years Developmental Assessment (EYE-DA) is completed with all children who will begin Kindergarten next September. The EYE-DA assesses the **developmental strengths and areas requiring support for children before starting school**. It assesses four key areas of early childhood development: Awareness of Self and Environment, Cognitive Skills, Language and Communication, and Physical Development.

Early Childhood Services are provided by the Department of Education and Early Childhood Development (EECD). Family and Early Childhood West is part of the EECD team that provides early intervention supports. They are responsible to administer the EYE-DA evaluation and follow up if required, and collaborate with the School District to ensure a successful transition to school for your child.

The EYE-DA is being conducted by **Family and Early Childhood West** on behalf of the Department of Education and Early Childhood Development. They will set a time with you to do the evaluation, provide you with the results, provide you with information about your child's developmental strengths, areas of need, and activities to support a positive transition to school. They will follow up with you as needed.

The EYE-DA is a **'snap-shot'** of a child's skills at a particular time. With any assessment, children's scores can vary depending on how they react or how they feel on a particular day. The EYE-DA takes approximately 45 minutes per child. Colourful pictures and physical activities make it fun for children. The EYE-DA results are used to offer parents suggestions for programs and activities that they can participate in with their child prior to the start of Kindergarten.

**Part A** of this consent form gives permission for **Anglophone School District West, (ASD-W)**, to give your contact information to **Family and Early Childhood West** so that they may schedule a time for the assessment.

**Part B** of this consent form gives permission for **Family and Early Childhood West** to share the EYE-DA assessment information and progress reports on any interventions that may have been offered to your child with your child's school, Anglophone School District West (ASD-W), and the EECD Early Childhood Services Director for your area. It also allows them to consult and share information concerning your child with ASD-W employees. This information may be used by the school and District to plan for the school year as well as to identify additional resources required to ensure a smooth transition to school for your child. If you have any questions or would like clarification, please call **Family and Early Childhood West at 1-855-454-3762**.

**Please keep this page for your information and give the signed second page to the school.**

**Part A**      **Permission for Anglophone West School District to Share Information**

I, (Name) \_\_\_\_\_,

**(Relationship to the Child)** \_\_\_\_\_, give permission for the Anglophone West

School District to provide the following information: **name and date of birth of the child, name(s) of the child's parent(s)/guardians, home address and phone number(s)** to Family & Early Childhood West.

The information will permit **Family & Early Childhood West** to contact me concerning \_\_\_\_\_ an EYE-DA Assessment and follow-up for my child who will enter Kindergarten in September 2018.

Signature of Parent/Guardian: \_\_\_\_\_

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**Part B**      **Permission for Family & Early Childhood West to Share Information**

As parent or guardian of **(Child's Name)** \_\_\_\_\_,

I, (Name) \_\_\_\_\_ give permission for Family and Early Childhood West to share the **EYE-DA assessment information and progress reports on any interventions that may have been offered to my child with:**

**My child's school, Anglophone School District West (ASD-W), and the EECD Early Childhood Services Director for the area.**

**It also allows Family and Early Childhood West to consult and share information concerning my child with ASD-W employees.**

This information may be used by the school and District in planning for the 2018 school year as well as identifying additional resources, required to ensure a smooth transition to school for my child.

Signature of Parent/Guardian: \_\_\_\_\_

## About the EYE-DA

The Early Years Evaluation: Direct Assessment (EYE-DA) was developed to provide parents, teachers and school administrators with accurate and meaningful information on children's early developmental skills.

**Everyone at their Best** is New Brunswick's ten year education plan. Objective 2 of the plan is to ensure that preschool children have the competencies to be successful in school and life. The EYEDA evaluation and follow-up supports this objective. The Family and Early Childhood Agencies in New Brunswick (one in each school district) will carry out the EYE-DA and follow-up on behalf of the Department. The Family and Early Childhood agencies have many years of experience in promoting healthy child development.

Information on your child's developmental strengths and areas of need will provide you and your child's kindergarten teacher with valuable feedback. This information will help to support a positive transition to school.

Children will complete the EYE-DA with trained evaluators before their September school start (typically between November and February of the previous year). The dates and locations of the EYE-DA will be set with you and your Agency after Kindergarten Registration.

This assessment measures developmental outcomes in four areas:

- Awareness of self and environment
- Cognitive skills



For more information about the EYE-DA or your child's results, contact the Family and Early Childhood agency in your area.

Agency	Phone number
Family and Early Childhood North	1-855-778-6532
Family and Early Childhood East	1-855-238-3694
Family and Early Childhood South	1-855-383-5437
Family and Early Childhood West	1-855-454-3762

The EYE-DA was developed by  
KSI Research International Inc.

[www.thelearningbar.com](http://www.thelearningbar.com)

# A Parent's Guide to the Early Years Evaluation: Direct Assessment (EYE-DA)



assesses four areas of early childhood development.

## Awareness of Self and Environment

This area includes abilities such as:

- thinking and talking about ones world (e.g., identifying opposites, common animals, colours and positions of objects).
- making connections with home and community experiences (e.g., recognizing that a police officer keeps you safe).



## Language and Communication



This area includes abilities such as:

- listening to and understanding instructions, discussions and stories.
- using full sentences (five to seven words) to explain ideas.
- talking so people can easily understand.

## Gross and Fine Motor Development

This area includes abilities such as:

- using crayons, pencils and scissors (e.g., copying shapes, letters and numbers).
- balancing, jumping and hopping on one foot.



## Understanding The Results

Once your child has completed the EYE-DA, you will receive a report called *Early Years Evaluation – Direct Assessment (EYE-DA) Report*. The results will provide you and the kindergarten teacher with information concerning your child's strengths and any areas of need.

This report lists each of the developmental areas and uses a colour-coded box to illustrate your child's results in each of these areas.

Many schools have special activities that can assist your child in their transition to school.

If you have any questions or concerns about your child's report you are encouraged to contact your local Family and Early Childhood agency. They will follow up with you and can link you to other activities in the community that can help.

## Cognitive Skills



This area includes abilities such as:

- recognizing words that rhyme.
- naming some letters and sounds.
- naming numbers and counting sets of objects.
- recognizing same and different.

Help your child enjoy a positive transition to school!