

TURTLE RIVER SCHOOL DIVISION STUDENT REGISTRATION FORM



OFFICE USE

Entry Date: _____
Month/Day/Year

SCHOOL

MET NO.

STUDENT NO.

DATE

Information to be entered by Student's Parents/Guardians – PLEASE NOTIFY SCHOOL IF ANY INFORMATION CHANGES

STUDENT INFORMATION (Please Print)

Please fill in and return to the school as soon as possible.

Legal Last Name _____ Birth Date: _____ Verified ☐
Month/Day/Year

Type of Identification: _____

First Name _____ Second Name _____

Name Known by _____

Languages(s) Spoken at Home: ☐ English ☐ Oji-Cree ☐ French ☐ Other (please list _____)

Current or Last School Attended: _____ Division: _____

School's Address: _____ School's Phone No: _____

Last Grade Completed: _____ Grade Registering In: _____

Treaty Number: _____ Band Name: _____

STUDENT MAILING ADDRESS

Apt. No. /Street: _____ Community/Town/Village/City: _____

P.O. Box No: _____ Postal Code: _____ Student Email Address: _____

Home Phone: _____ Cell Phone: _____ Other Phone: _____

Section/township/range _____ Bus Driver: _____ (if known)

PARENT/LEGAL GUARDIAN AND CONTACT INFORMATION

Legal Custody ☐ Joint ☐ Mother ☐ Other (please note) _____
 (only if applicable) ☐ Father ☐ Guardian ☐ Agency (please note) _____

Parent or Legal Guardian ☐ Student lives with

Relation to Student: _____
 Last Name _____
 First Name _____
 Address if different from above: _____

City/Prov. _____ Postal Code _____
 Home Phone _____
 Cell/Other Phone _____
 Email _____
 Employer: _____
 Work Phone _____ Ext. _____

Parent or Legal Guardian ☐ Student also lives with

Relation to Student: _____
 Last Name _____
 First Name _____
 Address if different from above: _____

City/Prov. _____ Postal Code _____
 Home Phone _____
 Cell/Other Phone _____
 Email _____
 Employer: _____
 Work Phone _____ Ext. _____

Parent or Legal Guardian ☐ Student also lives with

Relation to Student: _____
 Last Name _____
 First Name _____
 Address if different from above: _____

City/Prov. _____ Postal Code _____
 Home Phone _____
 Cell/Other Phone _____
 Email _____
 Employer: _____
 Work Phone _____ Ext. _____

EMERGENCY CONTACT (if parent/guardian cannot be reached)

Relation to Student: _____
 Last Name _____
 First Name _____
 Address: _____
 City/Prov. _____ Postal Code _____
 Home Phone _____
 Cell/Other Phone _____
 Email _____
 Work Phone _____ Ext. _____

EMERGENCY BILLET - Name of town billet (friend or relative that lives in town where child can stay in case of a storm: _____ Phone No. _____

FAMILY – Pre-School/School Age Siblings

Name: _____ Gr. _____ School _____ Age _____

Name: _____ Gr. _____ School _____ Age _____

Name: _____ Gr. _____ School _____ Age _____

Name: _____ Gr. _____ School _____ Age _____

Name: _____ Gr. _____ School _____ Age _____

STUDENT REGISTRATION FORM

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MEDICAL INFORMATION

Manitoba Health Registration No. _____ Personal Health I.D. No. _____

Health Concerns/Allergies: _____

Family Doctor: _____ Phone: _____

INDIGENOUS IDENTIFICATION DECLARATION

Indigenous Identity Declaration Authorization and Statement of Understanding

Indigenous Identity Declaration helps to support the efforts of Manitoba Education and Training and school divisions to plan and improve programs in a way that is responsive to Indigenous learners. (Providing this personal information is voluntary and optional. It is being collected in compliance with section 36(1)(b) of The Freedom of Information and Protection of Privacy Act as it is necessary for and relates directly to the activity of Manitoba and school divisions to plan, deliver and improve programs.)

1. I, _____, (name of parent/guardian, please print clearly):

- ☐ Am submitting my child's Indigenous Identity Declaration for the first time
- ☐ Am making changes to my child's Indigenous Identity Declaration
- ☐ Already submitted my child's Indigenous Identity Declaration and have no further changes to make at this time.

2. Is your child an Indigenous person, that is, First Nation (North American Indian), Métis, or Inuk (Inuit)? **Note: First Nations (North American Indian) include Status and Non-Status Indians**

If "Yes", mark the square(s) that best describe(s) your child now:

- ☐ Yes, First Nation (North American Indian)
- ☐ Yes, Métis
- ☐ Yes, Inuk (Inuit)

3. Which best describes your child's Indigenous cultural-linguistic identity?

Please select up to two choices:

- ☐ Anishinaabe (Ojibway/Saulteaux)
- ☐ Ininiw
- ☐ Dene (Sayisi)
- ☐ Dakota
- ☐ Oji-Cree
- ☐ Michif
- ☐ Inuktitut
- ☐ Other-please specify: _____

INFORMED CONSENT

(MEDIA, STUDENT WORK, ELECTRONIC COMMUNICATION, AND COMPUTER AND INTERNET USAGE)

ELECTRONIC COMMUNICATION – Student usage of division email and sharing of information through email (e.g. Newsletters, etc.)

As students complete activities and assignments, they are expected to submit and communicate electronically with email. Email is an important 21st century skill that students need to learn to use effectively in order to prepare them for the world. Being efficient in using email as a form of electronic communication is expected of students in our schools. Students are required to be able to submit work and communicate using email.

The division is able to provide students with an email for educational use. Students are obliged to follow the division policy regarding the "proper usage" of division email and may be required by teachers to use as a way of submitting work and assignments.

_____ I GIVE CONSENT _____ I DO NOT GIVE CONSENT

As a parent/guardian I allow schools and the division to communicate with me electronically. The electronic distribution (email) of newsletters, school updates and announcements regarding division and school activities, events and news (including fundraising and promotions).

_____ I GIVE CONSENT _____ I DO NOT GIVE CONSENT

to receive information electronically and will provide my email below.

Email address: _____

MEDIA – Television, Radio, Internet Media, and Divisional Video Productions

As your child grows and learns, they will have the opportunity to participate in many amazing activities and experiences in our schools. We would like to share these positive experiences with the broader community by inviting journalists and other members of the media to visit our schools. Photographs, videotaping or interviews are allowed at schools only with the permission of the principal.

_____ I GIVE CONSENT _____ I DO NOT GIVE CONSENT

for my son/daughter (or myself as an adult student) being photographed, videotaped/recorded or interviewed by the media.

COMPUTER and INTERNET USAGE –Student Usage of School Computers for completing school work and the Usage of the Internet for Research and Educational Purposes

Turtle River School Division recognizes the educational benefits of computer technology and internet access. Technology is promoted as a valuable instructional learning tool that enhances the ability of teachers to provide new and exciting learning opportunities for students. Students are supervised while using computers, the Internet, and any Information and Communication Technology (ICT). Students are taught the necessary skills to use technology and the internet in a proper manner.

I understand and will follow the guidelines as set in the division policy and school handbooks in regards to the Appropriate Use of Computers and Communication Devices. This includes the use of the Internet; including social media, text messaging and instant messaging and other forms of online communication and sharing platforms and resources that are provided by the Turtle River School Division networked computers. Access to computers and the Internet is for educational purposes as set out in the Turtle River School Division Policy. I further understand that should I commit any violation, my access privileges may be revoked and disciplinary action and/or appropriate legal action may be taken as deemed necessary. As the parent/guardian of the student, I have read the regulations for the Appropriate Use of Information Communication Technology (ICT) and the Use of Personal Communication Devices.

____ I GIVE CONSENT ____ I DO NOT GIVE CONSENT

for my son/daughter (or myself as an adult student) to use school computers, have access to the internet, and use any of their own personal devices.

Print Name of Parent/Legal Guardian: _____

Date: _____ **Signature of Parent/Guardian:** _____

Signature of Student (Grades 7-12 Only): _____

STUDENT WORK, PHOTOGRAPHS, and SCHOOL PROMOTION – Publish and Display (School Display, School Newsletters, Newspapers, Division/School Webpages and Social Media)

Our school would like to share information and communicate with parents/guardians by highlighting the school; students and student work or activities in a variety of publications and/or **Division organized or sponsored event(s)**. It will allow us to share with you the parent/legal guardian about some of the highlighted activities, work and projects your child is participating in at school. This will also showcase our school to the community and general public. Some examples of sharing include but are not limited to:

- Publication of their work (referenced appropriately) in school and division publications as printed or posted on division/school websites (*e.g. Writing compilations, submission for contests, modelling and sharing in schools, other educational purposes, etc.*).
- School or Division publications (newsletters, articles, webpages, community reports, etc.)
- Local newspaper submitted articles
- Sharing on division social media platforms (e.g. Twitter, Facebook)
- Displayed work in schools and the division office (in the hallways, classrooms, and at various presentations and events)

*** Please note: Student photographs posted to Turtle River School Division websites will not identify students by full name (only first name)**

_____ I GIVE CONSENT _____ I DO NOT GIVE CONSENT

to the Turtle River School Division to publish or show my child's, or my (as an adult student) photographs, name, grade, school and samples of my or my child's work in various publications and/or **at a Division organized or sponsored event**. I understand that photographs of students posted to the school or Turtle River School Division website will not identify students by full name.

Date: _____ Signature of Parent/Guardian: _____

This personal information is being collected under the authority of The Public Schools Act for School related purposes. It is protected by the Protection of Privacy provisions of the Freedom of Information and Protection of Privacy Act and the Personal Health Information Act. If you have any questions about the collection, please contact your school principal.

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REQUEST FOR BUS TRANSPORTATION

The Public Schools Act requires school divisions to provide transportation to all students living within their division boundaries. There are occasions where some students wish to attend schools in another division. In order to address the transportation of these students in adjoining divisions Turtle River School Division has adopted the enclosed policy. This policy is intended to provide educational services in the most cost effective manner for the taxpayers of Manitoba.

Please complete this form and return to:

Transportation Department
Turtle River School Division
Box 309
McCreary, MB R0J 1B0

Name of Student(s)	Birthdate	Grade	Parents'/Guardians' Names
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Does your child have any health care needs that the bus driver needs to be aware of? (eg, allergies, asthma, heart condition, bleeding disorder, seizures, medication, etc.) _____

Any special information or concerns the bus driver should be aware of: _____

Mailing Address: _____

Phone Number(s): _____

Land Location of Residence: _____

Sec. / Twp. / Rge. **OR** Street Name & House #

Requesting Transportation to _____ School.

Requested date for transportation to begin: _____

Reason(s) for Requesting Transportation: _____

Signature of Parent/Guardian: _____ Date: _____

OFFICE USE ONLY:

Bus Driver: _____ Approx. Pick-up Time _____ AM

Transfer Bus Driver: _____ Approx. Drop-off Time _____ PM

MEDICAL FORM

P-19-I

To be completed by the Doctor:

Name: _____ Birth Date: _____

Address: _____ School: _____

Father: _____ Mother: _____

Physician: _____

Medical History:

Allergies / Asthma _____

Frequent colds / Ear Infections: _____

Convulsions / Fainting Spells: _____

Physical Examination: (Significant Findings)

Head and Neck _____

Chest _____

Abdomen _____

Arms & Legs _____

Nervous System _____

Laboratory _____

Immunizations – up to date? _____ -

Significant medical findings that the teacher should be aware of:
(Special conditions, handicaps, etc.)

Medication

Date: _____ Signature: _____ M.D.

UNIFIED REFERRAL AND INTAKE SYSTEM (URIS) GROUP B APPLICATION (a)

Review application, complete and sign in ink – to be completed **ANNUALLY**.

The purpose of this form is to identify the child's specific health care and if applicable, apply for URIS Group B support which includes the development of a health care plan and training of community program staff by a registered nurse. URIS is a partnership of Health, Education and Family Services. If you have questions about the information requested on this form, you may contact the community program.

Section I – To be completed by the community program

Type of community program (please √) <input type="checkbox"/> School <input type="checkbox"/> Licensed child care <input type="checkbox"/> Respite <input type="checkbox"/> Recreation program <input type="checkbox"/> Other: _____	Community Program Name:	Location of Service: <input type="checkbox"/> Same as on left
	Contact person:	Contact person:
	Phone: Fax:	Phone: Fax:
	Email:	Email:
	Mailing address: Street address: City/Town: Postal Code:	Mailing address: Street address: City/Town: Postal Code:

Section II - Child information - to be completed by parent

Last Name	First Name	Birthdate
<input type="text"/>	<input type="text"/>	<input type="text"/>
		Month (print) D D Y Y Y Y
Preferred Name (Alias)	Age	Grade
<input type="text"/>	<input type="text"/>	<input type="text"/>
		Gender
		<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other

Does your child ride the bus? ☐ YES ☐ NO

Does your child have any of the following listed health concerns? ☐ YES ☐ NO (check (√) one)

- If you have answered **NO**, please sign here and return this form to the community program:

Parent/Legal Guardian NAME _____ Parent/Legal Guardian SIGNATURE _____ DATE (MON/DD/YYYY) _____

- If you have answered **YES**, please complete the remainder of the form **including Section III**.
- Please check (√) all health care conditions for which the child requires an intervention during attendance at the community program. Return the completed form to the community program.

<input type="checkbox"/> YES <input type="checkbox"/> NO	Life-threatening allergy and child is prescribed an injector (e.g. Epi-Pen®/ Taro Epinephrine®/ Allerject®)
<input type="checkbox"/> YES <input type="checkbox"/> NO	Does the child bring an injector to the community program?
<input type="checkbox"/> YES <input type="checkbox"/> NO	Asthma (administration of medication by inhalation)
<input type="checkbox"/> YES <input type="checkbox"/> NO	Does the child bring reliever medication (puffer) to the community program?
<input type="checkbox"/> YES <input type="checkbox"/> NO	Does your child know when to take their reliever medication (puffer) e.g. can recognize signs of asthma?
<input type="checkbox"/> YES <input type="checkbox"/> NO	Can your child take their reliever medication (puffer) on their own ?
	IF NO, describe what your child needs help with: _____
<input type="checkbox"/> YES <input type="checkbox"/> NO	Seizure disorder What type of seizure(s) does the child have? _____
<input type="checkbox"/> YES <input type="checkbox"/> NO	Does the child require administration of rescue medication? <input type="checkbox"/> Lorazepam <input type="checkbox"/> Midazolam
<input type="checkbox"/> YES <input type="checkbox"/> NO	Does the child require the use of a vagal nerve stimulator (wand)?
<input type="checkbox"/> YES <input type="checkbox"/> NO	Diabetes What type of diabetes does the child have? <input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2
<input type="checkbox"/> YES <input type="checkbox"/> NO	Does the child require blood glucose monitoring at the community program?
<input type="checkbox"/> YES <input type="checkbox"/> NO	Does the child require assistance with blood glucose monitoring?
<input type="checkbox"/> YES <input type="checkbox"/> NO	Does the child have low blood glucose emergencies that require a response?

<input type="checkbox"/> YES <input type="checkbox"/> NO	Ostomy Care
<input type="checkbox"/> YES <input type="checkbox"/> NO	Does the child have an ostomy/stoma?
<input type="checkbox"/> YES <input type="checkbox"/> NO	Does the child require the ostomy pouch to be emptied at the community program?
<input type="checkbox"/> YES <input type="checkbox"/> NO	Does the child require the established appliance to be changed at the community program?
<input type="checkbox"/> YES <input type="checkbox"/> NO	Does the child require assistance with ostomy care at the community program?
<input type="checkbox"/> YES <input type="checkbox"/> NO	Gastrostomy Care
<input type="checkbox"/> YES <input type="checkbox"/> NO	Does the child have a gastrostomy tube? Type of tube: _____
<input type="checkbox"/> YES <input type="checkbox"/> NO	Does the child require gastrostomy tube feeding at the community program?
<input type="checkbox"/> YES <input type="checkbox"/> NO	Does the child require administration of medication via the gastrostomy tube at the program?
<input type="checkbox"/> YES <input type="checkbox"/> NO	Clean Intermittent Catheterization (CIC)
<input type="checkbox"/> YES <input type="checkbox"/> NO	Does the child require CIC?
<input type="checkbox"/> YES <input type="checkbox"/> NO	Does the child require assistance with CIC at the community program?
<input type="checkbox"/> YES <input type="checkbox"/> NO	Pre-set Oxygen
<input type="checkbox"/> YES <input type="checkbox"/> NO	Does the child require pre-set oxygen at the community program?
<input type="checkbox"/> YES <input type="checkbox"/> NO	Does the child bring oxygen equipment to the community program?
<input type="checkbox"/> YES <input type="checkbox"/> NO	Suctioning (oral and/or nasal)
<input type="checkbox"/> YES <input type="checkbox"/> NO	Does the child require oral and/or nasal suctioning at the community program?
<input type="checkbox"/> YES <input type="checkbox"/> NO	Does the child bring suctioning equipment to the community program?
<input type="checkbox"/> YES <input type="checkbox"/> NO	Cardiac Condition where the child requires a specialized emergency response at the community program.
	What type of cardiac condition has the child been diagnosed with? _____
<input type="checkbox"/> YES <input type="checkbox"/> NO	Bleeding Disorder (e.g., von Willebrand disease, hemophilia)
	What type of bleeding disorder has the child been diagnosed with? _____
<input type="checkbox"/> YES <input type="checkbox"/> NO	Endocrine Conditions (e.g. steroid dependence, congenital adrenal hyperplasia, hypopituitarism, Addison's disease)
	What type of steroid dependence has the child been diagnosed with? _____
<input type="checkbox"/> YES <input type="checkbox"/> NO	Osteogenesis Imperfecta (brittle bone disease) What type? _____

Section III - Authorization for the Release of Medical Information

In accordance with *The Personal Health Information Act* (PHIA), I authorize the Community Program, the Unified Referral and Intake System Provincial Office, and the nursing provider serving the community program, all of whom may be providing services and/or supports to my child, to exchange and release medical information specific to the health care interventions identified above and consult with my child's health care provider, if necessary, for the purpose of developing and implementing an Individual Health Care Plan/Emergency Response Plan and training community program staff for

Child's Name: _____ **Child's PHIN:** _____

I also authorize the Unified Referral and Intake System Provincial Office to include my child's information in a provincial database which will only be used for the purposes of program planning, service coordination and service delivery. This database may be updated to reflect changing needs and services. I understand that my child's personal and personal health information will be kept confidential and protected in accordance with *The Freedom of Information and Protection of Privacy Act* (FIPPA) and *The Personal Health Information Act* (PHIA).





I understand that any other collection, use or disclosure of personal information or personal health information about my child will not be permitted without my consent, unless authorized under FIPPA or PHIA.

Consent will be reviewed with me annually. I understand that as the parent/legal guardian I may amend or revoke this consent at any time with a written request to the community program.

If I have any questions about the use of the information provided on this form, I may contact the community program directly.

NAME (PRINT) Parent/ Legal Guardian	SIGNATURE Parent/Legal Guardian	DATE (MMM/DD/YYYY)
Mailing Address: _____	City/Town: _____	Postal Code: _____
Work/Daytime Phone: _____	Cell Phone: _____	Home Phone: _____
Email: _____		

INDIVIDUAL HEALTH CARE PLAN (IHCP) ASTHMA (2)

Name:		Birthdate: yyyy/mm/dd		Photo
School/Community Program:				
Grade:	MHSC:	PHIN:		
MedicAlert™ bracelet worn? <input type="checkbox"/> Yes <input type="checkbox"/> No		Does the child ride the bus? <input type="checkbox"/> Yes Bus No. _____ <input type="checkbox"/> No		
Parent/Guardian Name:		Home Phone No.:	Daytime Phone No.:	Cell Phone No.:
Parent/Guardian Name:		Home Phone No.:	Daytime Phone No.:	Cell Phone No.:
Alternate emergency contact:		Home Phone No.:	Phone No.:	Cell Phone No.:
Allergist:			Phone No.:	
Pediatrician/Family Doctor:			Phone No.:	
TRIGGERS: List items that most commonly trigger your child's asthma.				
RELIEVER MEDICATION (or bronchodilator) provides fast temporary relief from asthma symptoms. It is recommended that reliever medication is carried with the child so it is available if asthma episode occurs.				
What reliever medication has been prescribed for your child? (CHECK ONE)		<input type="checkbox"/> Salbutamol (e.g. Ventolin®, Novo-Salmol®) <input type="checkbox"/> Budesonide (e.g. Symbicort®) <input type="checkbox"/> Other: _____		
How many puffs of reliever medication are prescribed for an asthma episode? (CHECK ONE)		<input type="checkbox"/> 1 puff <input type="checkbox"/> 1 or 2 puffs <input type="checkbox"/> 2 puffs <input type="checkbox"/> Other: _____		
Where does your child carry his/her reliever medication?		<input type="checkbox"/> fanny pack <input type="checkbox"/> purse <input type="checkbox"/> backpack <input type="checkbox"/> other _____		
Does your child need help when using reliever medication?		<input type="checkbox"/> Yes What kind of help? _____ <input type="checkbox"/> No		
CIRCLE the type of medication device your child uses for <u>reliever medication</u>:				
 Metered dose inhaler (MDI)	 MDI with Aerochamber®	 MDI with Aerochamber® mask	 Turbuhaler®	_____ other

The Individual Health Care Plan and emergency medication should accompany the child on excursions outside the facility.

Name: _____
 Birthdate: _____
 PHIN: _____

STANDARD HEALTH CARE PLAN (SHCP) ASTHMA

IF YOU SEE THIS:	DO THIS:
<u>Signs of an asthma episode:</u> <ul style="list-style-type: none"> Coughing Wheezing Chest tightness Shortness of breath Increase in rate of breathing 	<ol style="list-style-type: none"> 1. Remove the child from triggers of asthma (e.g. exercise, cold air, smoke). 2. Have child sit down. 3. Ensure the child takes reliever medication (blue cap). 4. Encourage slow deep breathing. 5. Monitor child for improvement.
<u>Emergency Situations:</u> <ul style="list-style-type: none"> Reliever medication has been given and there is no improvement of asthma symptoms in 5 minutes Greyish/bluish color in lips and nail beds Inability to speak in full sentences Heaving of chest or chest sucking inward Shoulders held high, tight neck muscles Cannot stop coughing Difficulty walking <p>If asthma symptoms are severe, the child may NOT be wheezing as there is not enough air moving in the lungs to generate a wheeze.</p>	<ol style="list-style-type: none"> 1. Activate 911/EMS. 2. Give reliever medication every 5 minutes. 3. Notify parent/guardian. 4. Stay with child until EMS personnel arrives
<u>Signs that asthma is not controlled</u> If staff become aware of any of the following situations, they should inform the child's parent/guardian. <ul style="list-style-type: none"> Asthma symptoms prevent child from performing normal activities. Child appears to be experiencing more frequent coughing, shortness of breath or wheezing. Child is using reliever medication more than 3 times per week to relieve asthma symptoms. An exception to this includes the use of reliever medication before exercise to prevent exercise induced asthma symptoms, which then may be used up to once a day. 	

I have reviewed the above plan for my child and provide consent to this plan on behalf of my child.

Parent/guardian signature: _____ **Date:** yyyy/mm/dd

I have reviewed the above plan to ensure it provides the community program with required information.

Nurse signature: _____ **Date:** yyyy/mm/dd

I have received the above plan and have notified appropriate staff.

Program Designate signature: _____ **Date:** yyyy/mm/dd

☐ Instruction sheet for medication device attached

FOR OFFICE USE ONLY:

ANAPHYLAXIS INDIVIDUALIZED HEALTH CARE PLAN

Child name:		Birth date:	
Community program name:		MedicAlert™ identification worn?	
Grade:		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Parent/guardian name:			
Home #:	Cell #:	Work #:	
Parent/guardian name:			
Home #:	Cell #:	Work #:	
Alternate emergency contact name:			
Home #:	Cell #:	Work #:	
Allergist:		Phone #:	
Pediatrician/Family doctor:		Phone #:	
Life-threatening allergen(s):			
Other allergies (non life-threatening):			
Adrenaline auto-injector prescribed for child	Type of device <input type="checkbox"/> EpiPen® <input type="checkbox"/> Allerject™	Dosage <input type="checkbox"/> 0.3 mg <input type="checkbox"/> 0.15 mg	Location <input type="checkbox"/> Fanny pack or belt <input type="checkbox"/> Backpack <input type="checkbox"/> Purse <input type="checkbox"/> Other: _____
It is recommended that the adrenaline auto-injector be with the child during attendance at the community program. Antihistamines are NOT used in the management of life-threatening allergies in community program settings.			
Child has a back-up adrenaline auto-injector at the community program.		<input type="checkbox"/> YES <input type="checkbox"/> NO Location: _____	
OTHER INFORMATION ABOUT MY CHILD'S LIFE THREATENING ALLERGY THAT THE COMMUNITY PROGRAM SHOULD KNOW:			

The Health Care Plan and emergency medication should accompany the child on excursions outside the facility.

ANAPHYLAXIS EMERGENCY RESPONSE PLAN

Name:	Birth date:		
IF YOU SEE THIS	DO THIS		
<p><u>If ANY combination of the following signs is present and there is reason to suspect anaphylaxis:</u></p> <p><i>When remembering the signs of anaphylaxis, think F.A.S.T (Face, Airway, Stomach, Total Body)</i></p> <table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <p><u>Face</u></p> <ul style="list-style-type: none"> red watering eyes runny nose itchiness redness, swelling of face, lips & tongue <p><u>Airway</u></p> <ul style="list-style-type: none"> throat tightness change of voice difficulty swallowing difficulty breathing coughing wheezing </td> <td style="width: 50%; vertical-align: top;"> <p><u>Stomach</u></p> <ul style="list-style-type: none"> vomiting diarrhea cramps <p><u>Total body</u></p> <ul style="list-style-type: none"> swelling hives itchiness sense of doom change in behavior pale or bluish skin dizziness fainting loss of consciousness </td> </tr> </table>	<p><u>Face</u></p> <ul style="list-style-type: none"> red watering eyes runny nose itchiness redness, swelling of face, lips & tongue <p><u>Airway</u></p> <ul style="list-style-type: none"> throat tightness change of voice difficulty swallowing difficulty breathing coughing wheezing 	<p><u>Stomach</u></p> <ul style="list-style-type: none"> vomiting diarrhea cramps <p><u>Total body</u></p> <ul style="list-style-type: none"> swelling hives itchiness sense of doom change in behavior pale or bluish skin dizziness fainting loss of consciousness 	<ol style="list-style-type: none"> 1. Give adrenaline auto-injector (EpiPen or Allerject). <ol style="list-style-type: none"> Secure child's leg. Identify site on outer middle thigh. Grasp adrenaline auto-injector in fist and remove safety cap(s). Firmly press tip into the thigh at a 90° angle until you hear a click. Hold in place for a slow count of 5. 2. Activate 911/EMS. 3. Notify parent/guardian. 4. If signs of anaphylaxis persist or recur, give backup adrenaline auto-injector (if available) every 5 to 15 minutes. 5. Stay with child until EMS personnel arrive. 6. Discard adrenaline auto-injector safely or give to EMS personnel.
<p><u>Face</u></p> <ul style="list-style-type: none"> red watering eyes runny nose itchiness redness, swelling of face, lips & tongue <p><u>Airway</u></p> <ul style="list-style-type: none"> throat tightness change of voice difficulty swallowing difficulty breathing coughing wheezing 	<p><u>Stomach</u></p> <ul style="list-style-type: none"> vomiting diarrhea cramps <p><u>Total body</u></p> <ul style="list-style-type: none"> swelling hives itchiness sense of doom change in behavior pale or bluish skin dizziness fainting loss of consciousness 		
<p><u>Risk reduction strategies</u> are the only way to prevent anaphylaxis. Although it is not possible to achieve complete avoidance of allergens in community program settings, it is important to reduce exposure to life-threatening allergen(s). Please contact the community program if you have any questions about the risk reduction strategies that are implemented in their facility. School division policy may be found on their website.</p>			

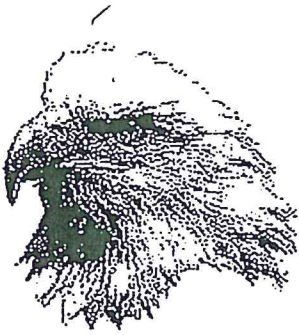
I have reviewed the above plan for my child and provide consent to this plan on behalf of my child.

Parent/guardian signature: _____ **Date:** _____

I have reviewed the above plan to ensure it provides the community program with required information.

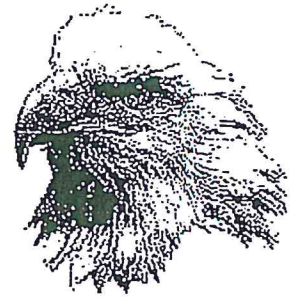
Nurse signature: _____ **Date:** _____

Documentation (Office use ONLY)



Glenella School

Box 59
Glenella, Manitoba
R0J 0V0
204-352-4253



Home of the Eagles

Dear Parents:

Reminder of the Food Allergy Notice:

We have students and staff at Glenella School who have food allergies. We have a number of people who are severely allergic to **peanuts, tree nuts, mangos and shellfish**. Exposure to even extremely small amounts of these items is extremely dangerous and life-threatening. Mangos are included in the cashew family, so please be considerate when you are packing your child's lunch to not pack a mango or even the fruit cups that have mangos in them.

We ask all parents to help us to prevent these children being exposed to peanut, tree nut or shell fish products, by checking that food products sent with your child to school does NOT contain any peanut, tree nut or fish products. Tuna and salmon is not a shellfish product and is permitted. **Also, please discourage your own child or children from sharing his or her lunches or snacks while at school.** Please follow the safe Food Snack list that was in the school registration package.

We realize this may be an inconvenience to you, but ask that you respect this notice. Please feel free to contact me at the school if you require further information regarding this notice.

Peanut Free Snack Ideas



Quaker – Rice cakes (Caramel, corn, apple cinnamon, white cheddar, original ranch, taco, crunchy dill, BBQ, sour cream & onion) Granola bars, large assortment labelled peanut free. Instant oatmeal. **Nature Valley** has also come out with Chewy Chocolate Chip Bars. Please always remember to watch for Peanut Free Symbol with these products.

Betty Crocker – Dunkaroos, Fruit roll ups, Gushers, Fruit by the foot, Lucky Charms fruit snack, Scooby-Doo fruit snacks, Sodalicious, Mickey Mouse peel outs or Princess rolls. Betty Crocker Cake mixes, and Icings are safe.

Kelloggs – Nutrigrain bars, and twists, pop Tarts, Rice Crispie squares (Original, chocolate & Caramel) Yogos fruit loop snacks. Variety of cereals including, Chex, Cinnamon Toast Crunch, Fruit Loops, Corn Pops, Corn Flakes, Crispex, Frosted Flakes, Frosted mini-wheats, Shredded Wheat, Life (Original) Rice Krispies.

Christie Crackers – Crispers (Original, BBQ, ranch, salt & vinegar, All dressed). Premium Plus Saltines, Oat Thins, Wheat Thins, Stoned Wheat Thins, Bacon Dippers, Cheese Bits, Socialbles, Swiss Cheese, Vegetable Thins, Triscuit (Original only). Ritz Original

Cookies – Chips Ahoy, Chunks Ahoy, Chewy Chips Ahoy, Teddy Grahams, Fudgee-O (Regular, and double stuffed) Oreo (Original) Arrowroot, Bear Paws, Viva Puffs, Wagon Wheels, Dare Cookies, large assortment including Ruffles, Maple, Banana Cream, Coconut Cream. Snack packs, mini oreos, chocolate chip, animal crackers, teddy grahams, All by Christie.

No Name (Yellow and Black label) – Zoo animal fruit snacks, Cheddar Cheese Snack Crackers, Fruit Rolls, Sugar Wafers, Rice Cakes, Ginger Snaps, Puddings, Fruit Cups, Shortbread Cookies, Social Tea Biscuits, Honey Grahams. **Note that new products will always become available, just watch for the Peanut free Logo**

Presidents Choice – Crisp and Thin Crackers, Woven Wheats, Rice Cakes, Peppercorn Ranch Chippers, Fruit Bars. Mr Mini cookies, Granola bars (Dipped, and Chewy, or Regular Chocolate chip)

Miscellaneous – Dempsters Bagels, w/cream cheese. Pillsbury Baking tubes, including biscuits, pie crusts, cinnamon rolls, cookies. Dempsters Tortillas wraps, Original, whole wheat, vegetable. Fresh Fruit, with the exceptions of **Mangos** or **Kiwii**. Caramel dip for apples, Veggies & Dip, SunMaid Raisins, or Apricots, Yogurt, Cheese Strings, or Curds. Kraft Handi Snacks crackers or breadsticks with cheese.

Motts Fruitsations, fruit cups, Jell-o, Puddings, Popcorn (Pop Secret, Orville Redenbacher, Healthy Choice), Pretzels (Rold Gold, or Old Dutch) Potato Chips, (Old Dutch, Lays, Doritos, Ruffles, Cheetos, Tostitos, Pringles Original) Pizza (Dominoes, Pizza Hut, and Papa Johns, all safe)

Chocolate & Candy – Smarties, Coffee Crisp, Aero, Kit Kat, Mars. Nestle Mini Rolo. Ice cream – Chapmans Peanut Free, large variety. Mr Freeze and Crush Freezies.

- ♦ Mike and Ikes
- ♦ Wonka's Nerds & Nerds Rope
- ♦ Laffy Taffy
- ♦ Runts
- ♦ Dubble Bubble gum
- ♦ Tootsie Pops & Tootsie Rolls (*anything made by Tootsie*)
- ♦ Junior Mints
- ♦ Lifesaver Gummies
- ♦ Smarties
- ♦ Sour Patch Kids – all varieties
- ♦ Whoppers
- ♦ Sweet Tarts
- ♦ Hot Tamales
- ♦ Red Vines
- ♦ Jolly Rancher hard candy, lollipops and gummi candy
- ♦ Twizzlers
- ♦ Rolos (minis)
- ♦ Starburst fruit chew, lollipops
- ♦ Kraft Marshmallows

Safe Oils – Canola, Sunflower, Cottonseed, and Vegetable

Due to continual changes in manufacturer packaging and processing, please always check labels to ensure it does not contain any of the following, peanuts/tree nuts, peanut flour, peanut oil, peanut meal. Or for any of these statements, ***May contain traces of peanuts/tree nuts, or Manufactured in a facility that also processes nuts.***

***ANY product from a Bulk store or Bin IS NOT SAFE!**

<https://www.facebook.com/groups/safesnackideas/>

Glenella School



Home of the Eagles

Box 59
Glenella, MB
R0J 0V0
Phone: (204) 352-4253
Fax: (204) 352-4330
Email: ndmytriw@trsd.ca

Dear Parents of Kindergarten Students

*Please be advised that the Department of Education
and Training require that schools have either a
Birth Certificate or Canadian Passport
as proof of age at the time a student registers for
Kindergarten.*

Other documents that have been approved are:

Baptismal Certificate

Treaty Card

Landed Immigrant- Permanent Residence Document

*Also, we will need to record the Manitoba Health
numbers -*

Both the 6 digit and 9 digit PHIN numbers.

Thank you for providing these documents.

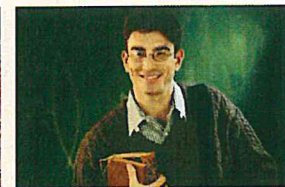
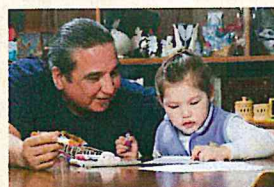
Declare your child's Indigenous Identity

Indigenous Identity Declaration (IID)

provides parents and guardians of Indigenous students the opportunity to declare their children's Indigenous identity within Manitoba's school system.

Why Declare?

- Your declaration helps school divisions enhance services and supports for Indigenous students.
- Providing this personal information is voluntary and optional. Information collected through IID is protected under *The Freedom of Information and Protection of Privacy Act (FIPPA)*.



Contact Information

For more information about the Indigenous Identity Declaration, please contact your child's school office or the Indigenous Inclusion Directorate at 204-945-1416 or Toll Free in MB at 1-800-282-8069 (ext. 1416).



Indigenous Inclusion
Directorate

Manitoba 

Declare your child's Indigenous Identity

Questions and Answers for Parents and Guardians

1. What is Indigenous Identity Declaration?

Indigenous Identity Declaration (IID) is an opportunity for parents/guardians of Indigenous students to declare their child's Indigenous identity within Manitoba's Kindergarten-Grade 12 provincial school system usually at time of registration. IID information received from parents/guardians is entered into a database by the school office and is then reported yearly to the Department of Manitoba Education and Training.

2. Why are Indigenous students being asked to declare their ancestral/cultural background?

IID helps direct resources to Indigenous students to help them succeed. Manitoba Education and Training is committed to supporting the academic success of Indigenous students. Your declaration helps school divisions enhance services and supports for Indigenous students. By declaring, your child (children) receives the appropriate support and programming they may need.

3. Statistics Canada collects this information. Why are parents/guardians being asked to provide information to the school?

Aboriginal identity refers to whether the person reported identifying with the Aboriginal peoples of Canada. This includes those who reported being an Aboriginal person, that is, First Nations (North American Indian), Métis or Inuk (Inuit) and/or those who reported Registered or Treaty Indian status, that is registered under the Indian Act of Canada, and/or those who reported membership in a First Nation or Indian band. Aboriginal peoples of Canada are defined in the Constitution Act, 1982, Section 35 (2) as including the Indian, Inuit and Métis peoples of Canada. The key data sources for statistics on Aboriginal people comes from the Census, which collects information on the language spoken at home, mother tongue and knowledge of language.

IID provides accurate and detailed school level information and is recorded by schools and reported yearly to Manitoba Education and Training. Additionally, this information is combined to give a school division and provincial summary. Information collected through IID is protected under *The Freedom of Information and Protection of Privacy Act (FIPPA)*.

4. I'm a First Nation member and my partner is Métis. Which box do we check?

For families that have multiple ancestral/cultural elements, choose what is most relevant for your family. For more detail, please see the IID identifier descriptions provided on the website at www.edu.gov.mb.ca/aed/abidentity.html.

5. I know I'm Indigenous but I don't speak any Indigenous languages. Do I still check any boxes?

YES. The linguistic identifiers refer to ancestral/cultural identity, NOT your ability to speak a specific Indigenous language. Select the identifier(s) that best reflect your identity. If you are still unsure what to choose, you can check the "Other" linguistic category, and write "uncertain" in the space provided.



6. *My child is adopted and Indigenous, while our family is not Indigenous. Which box do I check?*

Check the box most appropriate for your child's Indigenous identity. For more details, please see the IID descriptions provided or visit edu.gov.mb.ca/aed/abidentity.html.

7. *I moved to Manitoba from another province and my language/culture identifier is not on the IID list. Which box do I check?*

As the list of languages spoken by Indigenous people in North America is quite large, the IID uses the majority of the languages spoken in Manitoba. If your language is not listed, please check the box labelled "Other". Then you may indicate the language(s) spoken in the space provided (if known, write the language, or if unknown, write "uncertain").

8. *There are so many languages to choose from and my language choice is spelled differently than I remember it being spelled. Are they likely the same?*

Yes. They can be considered the same for the purposes of the IID. There are many different ways of spelling the major language groups. As an example, the word Ojibwe can be spelled, Ojibway and Ojibwa. The same can be said of Inuktituq. It can also be spelled as Inuktitut. Both are considered to be the language spoken by the Inuit people.

9. *I've already declared my child a couple of years ago. Do I need to declare my child every year?*

No. If you have declared your child in the past, you won't need to declare your child every year.

The school office will provide IID information to parents/guardians every year as Indigenous identity is not assumed. Also, sometimes the information parents/guardians provide the school may need to be updated, such as if a child is new to the provincial school system, or if changes were made to the list of IID identifiers. If your child is new to the provincial school system, or if you need to make a change to the declaration you had previously provided for your child, then a declaration form can be obtained from your child's school office at any time.

10. *We've moved to a different school in a different school division. Do I need to declare my child again?*

No. If parents/guardians have declared their child's Indigenous identity in the past, the declaration information will remain in the database throughout the child's education in the Manitoba K-12 provincial school system.

11. *I've registered and/or they know my Indigenous identity at a First Nations school. Do I still need to identify at a provincial school?*

Yes. Your Indigenous identity may not be provided by the First Nations school where you attended. We are asking that you please self-identify when registering at a provincial school.

12. *Will my band lose funding for schools in my home community if I self declare my child in a Manitoba public school?*

By self declaring your child or children your home band or community will not lose any funds. Public school funding and federal schools funding is not connected or related in any way to self declaring your child or children and will not result in any loss of funds.





RESPONSIBILITY OF FAMILIES

- Inform the community program of any medical or special health care needs of your child.
- Complete the URIS Group B Application form provided by the community program.
- Talk with the URIS Nurse to develop your child's individual health care plan for the community program.
- Sign your child's completed health care plan for use at the community program.
- Inform the staff at the community program as well as the URIS nurse of ANY changes to your child's health information at any time.

FOR MORE
INFORMATION OR TO
APPLY FOR URIS
SUPPORT, CONTACT
YOUR COMMUNITY
PROGRAM



Date of Issue: April 2014
Date of Revision: May 2014
Document #: PMH149



UNIFIED REFERRAL AND INTAKE SYSTEM (URIS) A GUIDE FOR PARENTS

www.prairiemountainhealth.ca

Unified Referral and Intake System (URIS)

The URIS program supports children who require assistance with health care needs while attending community programs including schools, licensed child care facilities, respite services, and recreation programs within Prairie Mountain Health.

With your assistance, the URIS Nurse will complete an Individual Health Care Plan for your child

This Health Care Plan outlines your child's health history and the necessary interventions to support your child's health care needs while attending the community program.

The URIS Nurse will train the community program staff for procedures specific to your child's health care need (eg. how to administer an inhaled medication to a child with Asthma).

URIS training supports schools, licensed child care facilities, recreation programs and respite services personnel to respond to your child's specific health care needs and emergencies.

Prairie Mountain Health URIS Program partners with Manitoba health care professionals to ensure your child is receiving the best support available.



The Unified Referral and Intake System (URIS) is a partnership of Prairie Mountain Health and the Government of Manitoba Departments of Health, Family Services and Education



Health Care Conditions (Group B)

Health care procedures may be safely delegated to non-healthcare personnel when the child's health status is stable and response to the procedure is predictable. Non-healthcare personnel must receive training and ongoing monitoring by a URIS Nurse. The URIS program may provide support for the following conditions:

- Life-threatening Allergy (anaphylaxis)
- Asthma (when medication is present at the community program)
- Seizure Disorder
- Diabetes
- Cardiac Condition
- Bleeding Disorder
- Steroid Dependence
- Osteogenesis Imperfecta (brittle bone disease)
- Gastrostomy Care and Feeding
- Ostomy Care
- Clean Intermittent Catheterization (IMC)
- Pre-set Oxygen
- Suctioning (oral and/or nasal)
- Administration of Medications

Kindergarten Supply List

- One pair of running shoes for indoor/gym use that they can tie or fasten (label). ☆
- One box of Crayola crayons (16).
- One package of washable markers.
- One bottle of white glue (120ml.).
- Two boxes of kleenex
- Two large glue stick.
- One box of large Ziploc bags.
- One pair of kids scissors.
- 6 duotangs ☆
- Twelve pencils.
- Two erasers (preferably white)
- Two scribbler (Hilroy) –Green ½ plain, ½ lined ☆
- An old shirt to wear for painting. ☆
- Small plastic water bottle. ☆
- A schoolbag for carrying lunch bag, papers, books, etc. ☆
- Gym clothes (students will change for gym). ☆
- One pair of headphones to wear during computer class. (No earbuds please) ☆

Please label all items that have a star ☆
beside them.

Things for You to Do Before Kindergarten Begins

July:

- Make a sandwich and cut it into 4.
- Pull 10 weeds.
- Print your name.
- Count the beds in your house.
- Look for a lady bug.
- Find your hips, knees, ankles, elbows, waist, and wrist.
- Name 4 things larger than a table.
- Help fold the towels and put them away.
- Name all the things you would take on a picnic.
- Count the stones you put into your sand pail.
- Trace your hands.
- Help Mom or Dad post a letter.
- Skip across the yard.
- Draw a circle, triangle, and a square.
- Sing the alphabet song.

August:

- Get dressed by yourself.
- Ask for an old blanket and make a tent.
- Cut out pictures of food you like from an old magazine.
- Make your bed.
- Draw a picture of the people you love.
- Help Mom or Dad put away the groceries.
- Count 20 pennies.
- Get Mom or Dad to dump out the cutlery drawer so you can sort.
- Set the table for supper.
- Name 10 things smaller than a book.
- Phone a friend.
- Learn your telephone number and address.
- Learn your birthday.
- Count all the days until school starts.
- Cut out yellow things from a magazine.
- Plan what you are going to wear for the first day of school.

Turtle River School Division



Turtle River School Division Role and Mission Statement

The Board of Trustees of Turtle River School Division is responsible for policy formulation, which provides the structure and organization for the education of students within its boundaries. The implementation of these programs is guided by the major goals of assisting students to reach high degrees of self-actualization to become both self-sufficient and contributing members of society. The Board will focus on the overall need of its students. Notwithstanding this, the Board will pay due regard to its responsibilities to the community and encourage a high quality of education.

The degree to which the Board attains its goals will be measured through the use of standard evaluation tools, internal and external testing, and the performance of students in their chosen endeavours.

The Board, in implementing programs, will draw upon the unique skills of its staff and its use of progressive and varied methods of instruction.

In doing so, the Board will maximize the use of specialized facilities to provide the greatest opportunity for student learning and social growth.

Turtle River School Division

Board of Trustees

Karey Wilkinson— Chairperson
Carol Senkowski
Gordon Wilson
Pam Vandepoele
Gwen McLean

Division Office Staff

Bev Szymesko – Superintendent
Shannon Desjardins –Secretary-
Treasurer

Jason Nadeau – Resource Consultant
Tammi Moar– Administrative Assistant
Dean Bluhm – Transportation and
Maintenance Supervisor

Division Resource Personnel

Numeracy/Literacy Consultant
– Jason Nadeau

Trudy Campbell – Speech and Language
Pathologist

Dana Gurke, Division Social Worker

Sirrupa Sterling, Educational Psychologist

Kindergarten Program

“Learning Today for Tomorrow”

Kindergarten Philosophy

Kindergarten is a carefully planned program based on the knowledge of children's growth and development. The program provides informal learning experiences to help develop the unique potential of each child's readiness for the various school subjects.

Basic features that the program provides are:

An opportunity for your child to become aware of his or her self dignity.

An opportunity for your child to develop a feeling of self worth and adequacy.

A teacher who is friendly, accepting, understanding, and sensitive to your child's needs.

A teacher who evaluates the creative effort of your child in terms of what it has done for the student.

A well-arranged environment that invites exploration in different activity centers with a variety of materials and media.

A variety of activities which provide children with the opportunity of doing things at which they can succeed.

Early Identification Program

In October of each school year, each child will participate in an early identification program that includes:

- a. Hearing Screening
- b. Vision Screening
- c. Fine Motor Assessment
- d. Speech and Language Development Assessment

Parents are advised of any potential concerns and, should any further action be taken, parents are involved in team planning from the very beginning.

Remember

Play is a child's way of learning!

Alonsa School
767-2168

École Laurier
447-2068

Glenella School
352-4253

Grass River School
352-4410

McCreary School
835-2083

Parkview School
967-2572

Ste. Rose School
447-2088

Activities

Language Development Activities:
Listening, speaking, reading, writing, viewing, representing

Math Activities:
Number readiness, classifying, matching, patterning, problem solving, time

Science Activities:
Observing, comparing, experimenting, measuring, asking questions, evaluating

Social Studies Activities:
Exploring the child's world, exploring the neighbourhood, observing changes

Music Activities:
Rhythm, movement, singing, music appreciation

Physical Education Activities:
Awareness of body space, balance, coordination, fitness, large and small muscle movement, wellness

Art Activities:
Experimenting with media, creative expression

Experiences:
Field trips, special events, special guests, cooking

Things You Might Do at Home:

Talk about things you do, talk about places you go, answer questions, listen to your child, read and talk about books, praise your child



Is your child ready for Kindergarten?

Kindergarten may be the first big step beyond the home for your child and you! It may be the first time your child will face a routine. It may also be the first time your child will be with other children for an entire day.

What will your child need to know for that first time at school? Here are some suggestions:

1. **How to listen and follow directions.** Directions can be taught at home by always calling your child by name and having him or her follow two- or three- step instructions, such as "Laura, get the crackers and put them in a bowl, please."
2. **Location words.** Words such as "on, under, in, out, beside, behind, in front" can be taught in many everyday activities. For example, "Look under your bed."
3. **Size and shape words.** Words such as "big, little, tall, and short" or "circle, square, and triangle" are important details in many conversations. For example "I want the blue shirt." or "I cut a square."
4. **Time and quantity words.** A family calendar helps your child to learn about the "number of sleeps" before an event. Counting cutlery while setting the table, or counting the number of shoes in the closet, are some ideas for learning quantity. Other examples are, "Let's put more gas in the car." "We ate all the potatoes."
5. **Colour and description words.** Introduce one colour at a time when your child is first learning colours. Try using colours to describe objects of interest to your child. Teach textures with a touch-and-feel book. You can also ask your child to compare the textures of different objects found in your house.

Together, you can make a scrapbook of your child's new words. The scrapbook will help your child learn by encouraging him or her to use these new words in his or her everyday life.

The First Day at School

Your child's first day at school will be very exciting, but possibly frightening. Knowing how to do the following activities will make that first day much easier:

1. Telling an adult his or her first and last name, and his or her parents' names.
2. Telling an adult his or her phone number and address.
3. Knowing the way to school or what bus to get on.
4. Printing his or her name.
5. Tidying up toys after playing with them.
6. Clearing his or her dishes from the table.
7. Going to the bathroom, flushing the toilet and washing his or her hands.
8. Putting on his or her shoes and tying the shoelaces.
9. Taking off his or her sweater or jacket, and then putting it back on, and zipping or buttoning it.
10. Listening quietly while someone reads.

Manitoba Speech & Hearing Association

2 - 333 Vaughan Street (Fred Douglas Place) • Winnipeg, MB R3B 3J9

Phone: 204.453.4539 • Fax: 204.477.1881

www.msha.ca

Reading Skills

Although your child is not expected to be able to read when he or she gets to kindergarten, you can teach your child some reading skills that will make it easier to learn to read. Here are some basic ideas:

1. Your child should be able to recognize rhyming words, and play rhyming games with you. Reading books with lots of rhymes is a good way for your child to learn about rhyming.
2. Your child should be able to recognize some letters, such as the beginning letter of his or her name, or the first letter of some familiar words.
3. Your child should be able to “read” some short stories, for example repeating a favourite story as you read it or telling you a personal version of the story as you flip through the book.
4. Your child should recognize the front and back of a book, and have it right side up when he or she reads.

For more information, contact the Manitoba Speech and Hearing Association.

Manitoba Speech & Hearing Association

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