



Medicine Hat Public School Division New Student Interview Guide

(internal document – to be completed by Principal or school designate)

General Information

Student: _____ Grade: _____

Previous School (if applicable): _____

- | | | |
|---|-----|----|
| 1. Are you the legal guardian? If not, who is? _____ | Yes | No |
| 2. Is your child registered with another school for the current school year or upcoming school year? | Yes | No |
| 3. Does your child have any unique learning needs (academic/behavior/health)? | Yes | No |
| 4. Does your child have a previous/existing Individual Student Program (ISP)? | Yes | No |
| 5. Does your child have a previous/existing Behavior Plan? | | |
| 6. Does your child currently have/need extra support for the following areas: | Yes | No |
| (a) Emotional Needs | | |
| (b) Concerning Behaviors | Yes | No |
| (c) Social Needs | Yes | No |
| (d) Attendance Concerns | Yes | No |
| 7. Does your child have any severe medical conditions or allergies we need to be aware of? | Yes | No |
| _____ | | |
| 8. Do they require medication throughout the school day? | Yes | No |
| _____ | | |
| 9. Are there any family circumstances that you need the school to be aware of (ie custody arrangements) _____ | Yes | No |
| 10. Do you have a copy of your child's last/most recent report card? | Yes | No |
| 11. Does your child know any other children in the school? | Yes | No |
| _____ | | |
| 12. What type of activities does your child like? | | |
| _____ | | |
| 13. Is there any other information that you would like to share to support your child's transition to our school. | | |
| _____ | | |

Principal Signature

Date

Action Items:

- Proceed with registration in our school
- Referred to another school: _____
- Referred to our Family School Liaison Worker
- Other: _____