

Vancouver DeMolay



This form helps me understand your child better. Please provide as much detail as possible. Your insights are valuable in creating a supportive and effective learning environment.

Basic Information

Child's Name:

Date of Birth:

Grade:

Parent(s)/Guardian(s) Name(s):

Contact Information (Phone/Email):

About Your Child

Describe your child's personality in a few words:

What are your child's strengths and interests?

Are there any specific challenges your child faces?

Learning Style

How does your child learn best (e.g., visual, auditory, kinesthetic)?

Does your child have any preferred learning environments or routines?

Are there any subjects or activities your child particularly enjoys or struggles with?

Social & Emotional Development

How does your child interact with peers and adults?

Are there any social situations where your child feels uncomfortable or anxious?

Meltdowns

Please describe what being overwhelmed or a meltdown looks like for your child and what typically triggers them:

Calming Strategies

What strategies have you found effective in helping your child calm down during or after a meltdown?

Additional Information

Do they need help with their meds? Y N

Are Advisors allow to give over the counter medication ? And if yes what kind? Y N

Is there anything else you would like me to know about your child?