



To Parents/Guardians:

As required by The Ministry of Education, a Developmental History Form is to be completed for each Junior Kindergarten, Kindergarten, Grade 1 and Grade 2 student who is beginning school with The Toronto District School Board for the first time.

The Developmental History Form is used to collect important information about your child. This information will be used to help the teacher plan a program to meet your child's needs.

Please complete and return this form to the school. Your child's teacher will arrange a time to meet with you to discuss your child's strengths and needs and share the information you have provided.

If you have any questions about filling out the form, you may wait until you meet with the teacher and discuss them at that time.

If you require more space to respond to any questions, please feel free to use the last page of the questionnaire.

Thank you for your cooperation.

The collection and retention of the information requested on this form is authorized and governed by the Ontario "Education Act" and the "Municipal Freedom of Information and Protection of Privacy Act."



For School Use Only:

Student Number _____

DEVELOPMENTAL HISTORY FORM

PLEASE PRINT:

Child's Name: _____
(first) (middle) (last)

School: _____

Preferred Name: (if different from above) _____

Date of Birth: _____ Gender: F M
(month) (day) (year)

Child lives with: Mother Father both other specify: _____

Name: _____ Name: _____

Telephone: Home: () _____ Telephone: Home: () _____
Contacts: Bus: () _____ Contacts: Bus: () _____

Language(s) Spoken at Home: _____

Language(s) Best Understood by Child: _____

Language(s) Spoken most often by Child: _____

Form Completed by: _____
(please print name)

Relation to Child: _____

Date Form Completed: _____
(month) (day) (year)

1. **Other children in the family:**

| NAME | AGE | MALE/ FEMALE | SCHOOL ATTENDING (IF APPROPRIATE) |
|------|-----|-----------------|-----------------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

2. **Other people living in the home:**

| NAME | RELATION TO CHILD |
|------|-------------------|
| | |
| | |
| | |
| | |
| | |

3. **Who cares for your child before and after school? (e.g., family members, babysitter, child care)**

4. **Has your child attended other lessons, programs, or schools? (e.g., organized sports, nursery school, childcare centre, parenting centre, Saturday classes)**

Yes No If yes, please list: _____

9. Describe your child's level of independence in the following areas:

- | | | | | |
|--------------|---------------|--------------------------|-----------|--------------------------|
| Feeds self | Independently | <input type="checkbox"/> | With help | <input type="checkbox"/> |
| Dresses self | Independently | <input type="checkbox"/> | With help | <input type="checkbox"/> |
| Toilets self | Independently | <input type="checkbox"/> | With help | <input type="checkbox"/> |

Comments: _____

10. When did your child walk?

- by 12 months 12-18 months 18-24 months after 24 months

Have you ever wondered about your child's physical development?

Please explain: _____

11. Has your doctor said that your child should not participate in a specific physical activity?

- Yes No

Please explain: _____

12. When did your child begin using single words?

- by 12 months 12-18 months 18-24 months after 24 months

When did your child begin using short sentences? (e.g. I want juice. My toy.)

- by 12-18 months 18-24 months 24-36 months after 36 months

Have you ever wondered about your child's language development? Yes No

Please explain: _____

- Do you understand your child's speech? Yes No
- Do people outside of your home understand your child's speech? Yes No
- Does your child understand what you say in the language used at home? Yes No

My child chooses to speak to:

Comments

- Family Members Yes No _____
- Other Adults Yes No _____
- Other Children Yes No _____

13. Does your child recognize signs, labels, own name, etc.? Yes Not Yet
14. Does your child enjoy listening to stories, looking at books, etc.? Yes Not Yet
15. Does your child enjoy using crayons, markers, etc., for drawing? Yes Not Yet
16. Does your child count? Yes Not Yet
17. Does your child recognize numbers? Yes Not Yet
18. Does your child read? Yes Not Yet
19. Does your child write? Yes Not Yet
20. What are your child's favourite activities and interests?

21. Does your child prefer to play? Alone With others Both

Comments: _____

22. How does your child react?

Comments

- to separation from you _____
- to new situations _____
- to sharing with others _____
- when a task is difficult _____
- to adults _____

23. How does your child react when angry or frustrated?

What do you do in these situations?

24. Does your child have any particular fears? (animals, certain adults, being left alone, etc.)

Yes No

Please describe: _____

25. Have there been any significant changes in your child's life recently? (e.g., family death, divorce, moving) Yes No

Please describe: _____

26. How does your child feel about school?

27. Is there any other additional information you would like us to know about your child? (food restrictions or requirements, involvement with Pre-school Speech and Language or Autism program, Hospital for Sick Children, developmental clinics, etc.)

Please bring any reports you are willing to share to the Information Sharing Conference.

Information Sharing Conference Date: _____

Signature of Teacher: _____ ***Date:*** _____

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This document will be kept in the Ontario School Record (OSR) Documentation File, and be retained until the end of Junior School. This form will not be copied without parent/guardian consent.