



## Elkhorn Public School

10 Elkhorn Drive, North York, Ontario M2K 1J3 • Tel: (416) 395-9500 • Fax: (416) 395-9501

**Dear Parent/Guardian,**

### **RE: Developmental History Form**

The Developmental History Form is completed for every student who enters school for the first time in the Toronto District School Board from Kindergarten to Grade 2. This is a key part of our registration process.

The Developmental History Form is used to collect important information about your child's pre-school development, family background and health history. This information will be a part of the teacher's program planning to support your child.

Please let the school Principal know if you require assistance to complete this form. Your child's teacher will arrange a time to meet with you to discuss your child's strengths and needs and the information you have provided.

We highly encourage parents/guardians to support our efforts in collecting this valuable information that will help us get to know and understand your child as s/he enters school. Please indicate below if you are not completing the Developmental History Form.

Thank you for your cooperation.

We look forward to making your child's school experience a welcoming and rewarding one.

Holly Richards  
Principal

- 
- I/we decline to complete the Developmental History Form
- I/we have completed the Developmental History Form

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date





## DEVELOPMENTAL HISTORY FORM

PLEASE PRINT:

Child's Name: \_\_\_\_\_  
(first) (middle) (last)

Date of Birth: \_\_\_\_\_ Gender: F  M   
(month/day/year)

Language(s) Spoken at Home: \_\_\_\_\_

1. Siblings or other children in the family/people living in the home:

Name of Siblings/Other Children	Age	Gender	School Attending (if applicable)

Name of Other Family/People in the Home	Relationship to the Child

2. Who cares for your child before and after school? (e.g., family members, babysitter, childcare)

\_\_\_\_\_  
\_\_\_\_\_

3. Has your child attended other lessons, programs or pre-schools? (e.g. childcare centre, parenting centre, organized sports)

Yes  No

If yes, please list: \_\_\_\_\_

4. Please complete the following medical/health information about your child.

Medical Information	Yes	No	If yes, please explain and indicate any medication and/or management required	Will your child require any medication administered during the school day?
Asthma				
Epilepsy				
Allergies: Food <input type="checkbox"/> Medicine <input type="checkbox"/> Environment <input type="checkbox"/>			Epi-Pen <input type="checkbox"/>	Epi-Pen <input type="checkbox"/>
Diabetes				
Head Injury/Concussion				
Other				

5. Has your child's vision been formally tested? Yes  No

Comments: \_\_\_\_\_

6. Has your child's hearing been formally tested? Yes  No

Comments: \_\_\_\_\_

7. a) Describe your child's level of independence in the following areas:

Feeds self:                      Independently                       With Help

Dresses self:                      Independently                       With Help

Toilets self:                      Independently                       With Help

b) Does your child usually follow instructions? Independently  With Help

8. Have you had concerns about your child's physical development?

Yes  No

Please explain: \_\_\_\_\_

9. Have you had concerns about your child's language development?

Yes  No

Please explain: \_\_\_\_\_

10. What kinds of experiences does your child enjoy most? (You may select more than one or all.)

- |               |                          |                   |                          |                  |                          |                              |                          |
|---------------|--------------------------|-------------------|--------------------------|------------------|--------------------------|------------------------------|--------------------------|
| Being read to | <input type="checkbox"/> | Dancing           | <input type="checkbox"/> | Exploring        | <input type="checkbox"/> | Visiting the library         | <input type="checkbox"/> |
| Drawing       | <input type="checkbox"/> | Painting          | <input type="checkbox"/> | Singing          | <input type="checkbox"/> | Looking at pictures in books | <input type="checkbox"/> |
| Doing Puzzles | <input type="checkbox"/> | Playing with toys | <input type="checkbox"/> | Sorting          | <input type="checkbox"/> | Reading independently        | <input type="checkbox"/> |
| Counting      | <input type="checkbox"/> | Going to the park | <input type="checkbox"/> | Playing outside  | <input type="checkbox"/> | Playing board games          | <input type="checkbox"/> |
| Watching TV   | <input type="checkbox"/> | Running           | <input type="checkbox"/> | Using technology | <input type="checkbox"/> | Listening to music           | <input type="checkbox"/> |
| Make believe  | <input type="checkbox"/> | Skipping/Jumping  | <input type="checkbox"/> |                  |                          |                              |                          |
- Other  \_\_\_\_\_

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

Comments: \_\_\_\_\_

12. How does your child react to: \_\_\_\_\_ Comments \_\_\_\_\_

- being away from you \_\_\_\_\_
- new situations \_\_\_\_\_
- tasks that may be difficult \_\_\_\_\_

13. Does your child have any particular fears and/or anxieties (animals, certain adults, etc.)?

Yes  No

Please describe: \_\_\_\_\_

14. Have there been any significant changes in your child's life (e.g., family death, divorce, moving)?

Yes  No

Please describe: \_\_\_\_\_

15. 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 provide any reports that you may have to the Principal.

\_\_\_\_\_  
\_\_\_\_\_

Form Completed by: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
(Please print name)

I declare that all information provided above is correct and true.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent/Guardian) (month/day/year)

Personal information on this form is collected under the authority of the *Education Act*, R.S.O 1990 and the *Municipal Freedom of Information and Protection of Privacy Act*, R.S.O. 1990. All information collected on this form will be stored in the O.S.R. and kept on file until the end of Junior School.

***Thank you for taking the time to complete this questionnaire.***