Toronto District School Board

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:** _____

_____

_____

_____

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

CONDITION	YES	NO	IF YES, PLEASE COMMENT:
Allergies			
Asthma			
Birth Complications			
Bowel/Bladder Problems			
Eating Problems			
Epilepsy			
Injury to the Head			
Nosebleeds			
Skin Irritations			
Sleep Problems			
Surgery			
Throat and Ear Infections			
Condition/Diagnosis			
Additional Information			

6. **Does your child require any medication during the school day?** **Yes** ☐ **No** ☐
   Will the medication need to be administered at school? **Yes** ☐ **No** ☐

7. **Has your child's vision been formally tested?** **Yes** ☐ **No** ☐
   Date: _____
   (month) (year)

   Comments: _____

   _____

8. **Has your child's hearing been formally tested?** **Yes** ☐ **No** ☐
   Date: _____
   (month) (year)

   Comments: _____

   _____

9. 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** ☐

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:*** _____

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."*

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.

G02(Early and Ongoing Identification Process)jb