



Humewood Community School

15 Cherrywood Avenue, Toronto, Ontario M6C 2X4 • Tel: (416) 394-2383 • Fax: (416) 394-4106

J. Whitfield, Principal A. Mani, Vice-Principal

Date: February, 2018.

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.

Principal,

J. Whitfield

-
- 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 | <input type="checkbox"/> | _____ | | | | | |

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.