



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, 2019

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,

Signature

I/we decline to complete the Developmental History Form

I/we have completed the Developmental History Form

Parent Signature

Date



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: _____