



*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: \_\_\_\_\_

---

---

---

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

<b>My child chooses to speak to:</b>	<b>Comments</b>		
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? | <b>Comments</b> |
|     | • 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.*