



Abu Bakr
Education
Academy

**Dear Parent/Guardian,
RE: Developmental History Form**

The Developmental History Form is completed for every student who enters Kindergarten. This is a key part to the Registration process.

The Developmental History Form is used to collect important information about your child's development, family background and health history.

Please let the school know if you require assistance to complete this form.

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.

Thank you for your cooperation.

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

Signature

 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) *JK students only*

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			Inhaler <input type="checkbox"/>	Inhaler <input type="checkbox"/>
Allergies: Food <input type="checkbox"/> Medicine <input type="checkbox"/> Environment <input type="checkbox"/>			Epi-Pen <input type="checkbox"/>	Epi-Pen <input type="checkbox"/>
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. Have you had concerns about your child's physical development? Yes No

Please explain: _____

8. 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

c) Does your child respond to his/her name? Independently With Help

d) Does your child make eye contact? Independently With Help

e) Does your child speak in front of others? Independently With Help

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

Yes No Please explain: _____

10. Can you describe how your child deals with his/her emotions?

Will express feelings Feels shy and won't speak about it Cries Yells/Screams/Hits others



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

- | | | | | | | | |
|---------------|--------------------------|-------------------|--------------------------|------------------|--------------------------|------------------------------|--------------------------|
| Being read to | <input type="checkbox"/> | Skipping/Jumping | <input type="checkbox"/> | Exploring | <input type="checkbox"/> | Visiting the library | <input type="checkbox"/> |
| Drawing | <input type="checkbox"/> | Painting | <input type="checkbox"/> | Playing sports | <input type="checkbox"/> | Looking at pictures in books | <input type="checkbox"/> |
| Doing Puzzles | <input type="checkbox"/> | Playing with toys | <input type="checkbox"/> | Pretend Play | <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 nasheeds | <input type="checkbox"/> |
- Other _____

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

Comments: _____

13. How does your child react to: _____ Comments _____

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

14. Does your child have any particular fears and/or anxieties (new environments, certain adults, etc.)?

Yes No

Please describe: _____

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

Yes No

Please describe: _____

16. Is there any other additional information you would like us to know about your child?

Form Completed by: _____ Relationship to Child: _____

(Please print name)

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

Signature: _____

(Parent/Guardian)

Date: _____

(month/day/year)

Thank you for taking the time to complete this questionnaire.