



The Hamilton-Wentworth Catholic District School Board

Instructional Services

- Please complete and return this form to the school within a month of registering your child. For later registrations, please return by June 15th.
- If you require assistance or interpretation to complete this form, please contact the School Secretary.

PRE-SCHOOL HISTORY FORM

School: _____

Child's Name: _____
(First) (Middle) (Last)

First Name Child prefers to be called (if different from above): _____

Date of Birth: _____ **Gender:** F _____ M _____
(Month) (Day) (Year)

Address: _____ **Telephone:** Home _____
Work _____
Cell _____

Form Completed By: _____

Relation To Child: _____ **Date Form Completed:** _____

INSTRUCTIONS FOR COMPLETING THE PRE-SCHOOL HISTORY FORM:

The Pre-School History Form is designed to facilitate the collection of important information about several aspects of each child's pre-school life experiences. In accordance with the Ministry of Education and Training Memorandum concerning the Early and Ongoing Identification of Children's Learning Needs, the Pre-School History Form shall be filed in the child's Ontario Student Record at the school.

A copy of the Pre-School History Form is to be completed for each Year One and Year Two Kindergarten and Grade 1 student who is beginning school for the first time.

Completion of this form provides the teaching teams with valuable information about your child.

If you are uncomfortable answering any of the questions on the form, please feel free to not answer them.

If you require more space to respond to any of the questions, please feel free to use the last page of the questionnaire.

Under The Municipal Freedom of Information and Protection of Privacy Act, 1989, information in forms and documents pertaining to a student registered/enrolled within The Hamilton-Wentworth Catholic District School Board is collected under the legal authority of The Education Act, Revised Statutes of Ontario, 1990, Chapter E. 2, as amended by 1992, Chapter 17, ss. 1-3. (July 1992), and the Ontario Student Record (O.S.R.) Guideline, 1989. This information is being collected to ensure that the educational program which is provided meets your child's needs.

THE HAMILTON-WENTWORTH CATHOLIC DISTRICT SCHOOL BOARD

PRE-SCHOOL HISTORY FORM

1. Who cares for your child when he/she is not in school? (If applicable)

Name: _____

Telephone: Please circle the first number to be called

Home _____

Work _____

Cell Number _____

Address: _____

2. Who do you authorize to pick your child up at dismissal time?

Name

Telephone Number

3. How does your child spend his/her day?

ACTIVITY	Please√	COMMENTS
▪ Listening to music		
▪ Listening to stories		
▪ Looking at books		
▪ Playing computer games		
▪ Playing outdoors		
▪ Playing with other children		
▪ Playing with toys, games		
▪ Watching T.V. or videos		
▪ Other: _____		

4. Does your child enjoy: (Please check)

ACTIVITY	YES	NO	COMMENTS
▪ cutting/pasting			
▪ drawing or coloring			
▪ printing letters or numbers			
▪ scribbling			

Preferred hand: Right _____ Left _____ Undecided _____

5. Has your child experienced any of the following?

Condition	Yes	No	If Yes, please comment
Accidents			
Allergies			
Asthma			
Birth Complications			
Bowel/Bladder Problems			
Diabetes			
Ear Infections			
Eating Problems			
Epilepsy			
Fainting Spells			
Headaches			
Nose Bleeds			
Skin Irritations			
Sleep Problems			
Surgery			
Walking, Skipping, Running, Jumping problems (e.g., climbing stairs)			
Other _____			
Other _____			

6. Has your child ever had a medical diagnosis that would have an effect on school performance?

Yes _____ No _____ Comments: _____

7. (a) Do you have any concerns about your child's hearing? (e.g., Does your child turn up the volume on the radio or television?)
Yes _____ No _____
If **Yes**, please explain: _____

- (b) Has your child had a hearing test? Yes _____ No _____ Date _____
Results: _____

8. (a) Do you have any concerns about your child's vision? (e.g., Does your child sit very close to the television?)
Yes _____ No _____
If **Yes**, please explain: _____

- (b) Has your child had a vision assessment: Yes _____ No _____ Date _____
Results: _____
9. (a) Does your child require any medication during the school day? Yes _____ No _____
If **Yes**, please identify the medication _____
- (b) Will the medication need to be administered at school? Yes _____ No _____
If **Yes**, please obtain a copy of the school board's medication procedural guidelines)
10. How old was your child when he/she said his/her first word? _____
11. Does your child use sentences of 4 or more words in any language (e.g., "I want a cookie.")
Yes _____ No _____
If **No**, please explain: _____

12. Do you understand your child's speech?
Yes _____ No _____ Please explain: _____

13. Do people outside of your home understand your child's speech?

Yes _____ No _____ Please explain: _____

14. Does your child choose to speak with:

	YES	NO	COMMENTS
▪ Family members			
▪ Other adults			
▪ Other children			

15. Has your child ever been seen by a Speech-Language Pathologist? Yes _____ No _____

By Whom? _____ Where? _____

What were the results? _____

16. Does your child have any difficulties with stuttering or voice production (e.g., hoarseness)?

Yes _____ No _____ Please explain: _____

17. How well does your child follow directions? (Does she/he listen well?) Please describe:

18. In what types of social/recreational activities has your child been involved? (e.g., church group, dance lessons, music lessons, nursery school program, sports activities, swimming lessons, etc.)

19. What are some activities your family likes to do together?

20. (a) What parish church does your family attend? _____

(b) Does your child attend with you? Yes _____ No _____

21. What kinds of responsibilities does your child have at home? (e.g., tidy up toys)

22. Which self-help skills can your child perform independently?

SKILL	YES	NO	COMMENTS
▪ Brush teeth			
▪ Comb hair			
▪ Dress self			
▪ Toileting			
▪ Wash hands/face			

23. How does your child react in new situations? (e.g., curious, excited, fearful, shy, etc.)

24. (a) Does your child have any fears? Yes _____ No _____

If **Yes**, please describe: _____

(b) What strategies have you found to be effective in helping your child in these situations?

25. (a) How does your child react when frustrated or angry?

(b) What strategies have you found to be effective in helping your child in these situations?

26. Has your child experienced any significant changes in his/her family life in the past? (e.g., birth of a baby, death of a family member, moving, separation or divorce of parents, etc.)

Yes _____ No _____ Nature of change _____

27. How does your child feel about coming to school?

28. Has your child received assistance from any social services agencies during the pre-school years?

- _____ Early Words
- _____ Special Needs Worker
- _____ Programs For Behavior
- _____ Speech Language
- _____ McMaster Children's Hospital
- _____ Cultural Organizations
- _____ Occupational Therapist/Physical Therapist
- _____ Child & Adolescent Services
- _____ Catholic Children's Aid Society
- _____ Children's Aid Society
- _____ Healthy Babies/Children
- _____ Other