



## Early Experiences: Early Development

Name: \_\_\_\_\_ Date: \_\_\_\_\_

1. Does your child need any assistance with dressing?  
No \_\_\_\_ Yes \_\_\_\_ Specify \_\_\_\_\_
2. Does your child need assistance with washroom or toileting routines?  
No \_\_\_\_ Yes \_\_\_\_ Specify \_\_\_\_\_
3. Did your child receive early intervention services, such as Speech Language Pathology (SLP), Occupational Therapy (OT), or Physical Therapy (PT), before starting kindergarten?  
No \_\_\_\_ Yes \_\_\_\_ Specify Program(CTI/RCC/SMD): \_\_\_\_\_  
CTI: Children's Therapy Initiative      RCC: Rehabilitation Centre for Children  
SMD: Society for Manitobans with Disabilities
4. Has your child been referred or has your child had an assessment through the Child Development Clinic?  
No \_\_\_\_ Yes \_\_\_\_ Specify \_\_\_\_\_
5. Did your child attend child care / day care on a regular basis before starting kindergarten? No \_\_\_\_ Yes \_\_\_\_  
If yes, was the child care arrangement full time or part time?  
\_\_\_\_ full time  $\geq$  30 hours / week  
\_\_\_\_ part time < 30 hours / week
6. Please specify the type of child care arrangements you used. If you used more than one type of child care, please indicate the one your child attended for the longest amount of time.
  - a. Center-based, licensed (e.g. a daycare centre) \_\_\_\_\_
  - b. Home-based, licensed (someone else's home) \_\_\_\_\_
  - c. Home-based, unlicensed (non-relative's home) \_\_\_\_\_
  - d. Home-based, unlicensed (relative's home) \_\_\_\_\_
  - e. Child's home (non-relative) \_\_\_\_\_
  - f. Child's home (relative) \_\_\_\_\_
7. Did your child attend a pre-school / nursery school? Indicate yes, if it was part-time and not main child care.  
No \_\_\_\_ Yes \_\_\_\_ Location \_\_\_\_\_
8. Are you and your child new to Canada?  
No \_\_\_\_ Yes \_\_\_\_ If yes, country? \_\_\_\_\_ Length of time in Canada \_\_\_\_\_
9. Is there anything else your kindergarten teacher needs to know about your child?  
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