



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?

