



**EARLY DEVELOPMENT INSTRUMENT**  
a population-based measure for communities

# Early Development Instrument Questionnaire

Nova Scotia  
2022/2023



## Demographics

**Student Status:**

- Child in class more than 1 month
- Child in class less than 1 month
- Moved out of this class
- Moved out of school
- Other

**Class assignment:**

- Primary

**Child's Date of Birth:** \_\_\_\_\_ (dd) \_\_\_\_\_ (mm) \_\_\_\_\_ (yyyy)

**Sex:**  Male  Female

**Postal Code:** \_\_\_\_\_

**Class Type:**

- Primary
- Primary/1
- Other

**Does the child have exceptional/Special Needs?:**  Yes  No

**Child's language status:**  ESL  FSL  No

**Language Immersion Program:**  French Immersion  Other Immersion  No

**Indigenous Ancestry:**  Yes  No  Don't know

**African Descent:**  Yes  No  Don't know

**Child's First Language(s):**

Enter language code: \_\_\_\_\_

**Communicates adequately in his/her first language:**  Yes  No  Don't know

**Child has immigrated to Canada within the last two years:**  Yes  No  Don't know

## Section A

About how many regular days (see Guide) has this child been absent since the beginning of school in the fall?

-----

Since the start of school in the fall, has this child sometimes (more than once) arrived:

	Yes	No	Don't know
over- or underdressed for school-related activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
too tired/sick to do school work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
late	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
hungry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Would you say that this child:

	Yes	No	Don't know
is independent in washroom habits most of the time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
shows an established hand preference (right vs. left or vice versa)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
is well coordinated (i.e. moves without running into or tripping over things)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How would you rate this child's:

	Very good/good	Average	Poor/very poor	Don't know
proficiency at holding a pen, crayons, or a brush	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ability to manipulate objects	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ability to climb stairs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
level of energy throughout the school day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
overall physical development	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Section B

How would you rate this child's:

	Very good/good	Average	Poor/very poor	Don't know
ability to use language effectively in English	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ability to listen in English	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ability to tell a story	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ability to take part in imaginative play	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ability to communicate own needs in a way understandable to adults and peers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ability to understand on first try what is being said to him/her	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ability to articulate clearly, without sound substitutions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Would you say that this child:

	Yes	No	Don't know
knows how to handle a book (e.g., turn a page)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
is generally interested in books (pictures and print)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
is interested in reading (inquisitive/curious about the meaning of printed material)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
is able to identify at least 10 letters of the alphabet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
is able to attach sounds to letters	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
is showing awareness of rhyming words	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
is able to participate in group reading activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
is able to read simple words	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
is able to read complex words	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
is able to read simple sentences	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
is experimenting with writing tools	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
is aware of writing directions in English (left to right, top to bottom)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
is interested in writing voluntarily (and not only under the teacher's direction)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
is able to write his/her own name in English	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Yes	No	Don't know
is able to write simple words	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
is able to write simple sentences	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
is able to remember things easily	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
is interested in mathematics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
is interested in games involving numbers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
is able to sort and classify objects by a common characteristic (e.g., shape, colour, size)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
is able to use one-to-one correspondence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
is able to count to 20	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
is able to recognize numbers 1-10	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
is able to say which number is bigger of the two	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
is able to recognize geometric shapes (e.g., triangle, circle, square)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
understands simple time concepts (e.g., today, summer, bedtime)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
demonstrates special numeracy skills or talents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
demonstrates special literacy skills or talents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
demonstrates special skills or talents in arts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
demonstrates special skills or talents in music	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
demonstrates special skills or talents in athletics/dance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
demonstrates special skills or talents in problem-solving in a creative way	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
demonstrates special skills or talents in other areas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If yes, please specify: -----			

## Section C

How would you rate this child's:

	Very good/good	Average	Poor/very poor	Don't know
overall social/emotional development	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ability to get along with peers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Below is a list of statements that describe some of the feelings and behaviours of children. For each statement, please select the response that best describes this child now or within the past six months.

Would you say that this child:

	Often or very true	Sometimes or somewhat true	Never or not true	Don't know
plays and works cooperatively with other children at the level appropriate for his/her age	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
is able to play with various children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
follows rules and instructions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
respects the property of others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
demonstrates self-control	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
shows self-confidence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
demonstrates respect for adults	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
demonstrates respect for other children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
accepts responsibility for actions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
listens attentively	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
follows directions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
completes work on time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
works independently	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
takes care of school materials	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
works neatly and carefully	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Often or very true	Sometimes or somewhat true	Never or not true	Don't know
is curious about the world	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
is eager to play with a new toy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
is eager to play a new game	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
is eager to play with/read a new book	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
is able to solve day-to-day problems by him/herself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
is able to follow one-step instructions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
is able to follow class routines without reminders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
is able to adjust to changes in routines	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
answers questions showing knowledge about the world (e.g., leaves fall in the autumn, apple is a fruit, dogs bark)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
shows tolerance to someone who made a mistake (e.g., when a child gives a wrong answer to a question posed by the teacher)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
will try to help someone who has been hurt	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
volunteers to help clear up a mess someone else has made	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
if there is a quarrel or dispute will try to stop it	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
offers to help other children who have difficulty with a task	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
comforts a child who is crying or upset	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
spontaneously helps to pick up objects which another child has dropped (e.g. pencils, books)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
will invite bystanders to join in a game	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
helps other children who are feeling sick	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
is upset when left by parent/guardian	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
gets into physical fights	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
bullies or is mean to others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
kicks, bites, hits other children or adults	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
takes things that do not belong to him/her	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
laughs at other children's discomfort	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
can't sit still, is restless	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

is distractible, has trouble sticking to any activity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
fidgets	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
is defiant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
has temper tantrums	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
is impulsive, acts without thinking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
has difficulty awaiting turn in games or groups	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
cannot settle to anything for more than a few moments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
seems to be unhappy, sad, or depressed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
appears fearful or anxious	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
appears worried	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
cries a lot	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
is nervous, high-strung, or tense	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
is incapable of making decisions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
is shy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
sucks a thumb/finger	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



## Section D

	Yes	No	Don't know
Does the student have a problem that influences his/her ability to do school work in a regular classroom?  (based on parent information, medical diagnosis, and/or teacher observation)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If YES above, please mark all that apply.

Please base your answers on teacher observation or medical diagnosis and/or parent/guardian information.

	Yes, Observed	Yes, Parent info/Medical Diagnosis	Both
physical disability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
visual impairment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
hearing impairment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
speech impairment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
learning disability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
emotional problem	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
behavioural problem	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
home environment/problems at home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
chronic medical/health problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
unaddressed dental needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
other If yes, please specify: -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If child has received diagnosis or identification by a doctor or psychological professional please specify (see Guide for codes)

-----

If Other, please specify:

-----

	Yes	No	Don't know
Is this child receiving any school-based support(s) (e.g. educational assistant, equipment)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is this child currently receiving further assessment?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is this child currently on a wait list to receive further assessment?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you feel that this child needs further assessment? If yes, please specify: -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Section E

To the best of your knowledge, please mark all that apply to this child:

**Prior to Primary, did this child:**

**Receive services from an early intervention program including:**

	Yes	No	Don't know
NS Early Childhood Development Intervention Services (NSECDIS)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Early Intensive Behavioural Intervention (EIBI)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nova Scotia Hearing and Speech	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other, please specify: -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Yes	No	Don't know
Attend the Pre-Primary Program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Attend/was cared for by one or more of the following:**

	Full-Time	Part-Time	Don't Know	No
Centred-based child care (licensed child care) Name of child care centre: -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family home daycare Name of family home daycare: -----	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Non-parent/guardian in the home or outside of the home (e.g. trusted friend/neighbor, babysitter, grandparent, other family member)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>