

Early Development Instrument

Questionnaire



Demographics

Student Status:
O Child in class more than 1 month
O Child in class less than 1 month
O Moved out of this class
O Moved out of school
O Other
Class Assignment:
O Kindergarten
Child's Date of Birth: (dd) (mm) (yyyy)
Sex: O Male O Female
Postal Code:
Class Type:
Ок
O K-1
Identified Special Needs?: O Yes O No
Child's language status: O ESL O FSL O No
Language Immersion Program: O French Immersion O Other Immersion O No
Child's First Language(s):
Enter language code:
Communicates adequately in his/her first language: O Yes O No O Don't know
Child has immigrated to Canada within the last two years: O Yes O No O Don't know

Section A

About how many regular days (see Guide) has th	is child been absent since the	beginning of school in the fall?
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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	0	0	0
too tired/sick to do school work	0	0	О
late	0	0	О
hungry	0	0	О

Would you say that this child:

	Yes	No	Don't know
is independent in washroom habits most of the time	0	0	0
shows an established hand preference (right vs. left or vice versa)	0	0	0
is well coordinated (i.e. moves without running into or tripping over things)	0	0	0

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	О	0	О	0
ability to manipulate objects	0	0	0	0
ability to climb stairs	0	0	0	0
level of energy throughout the school day	0	0	0	0
overall physical development	0	0	0	0

EDI Section B

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	0	0	0	0
ability to listen in English	0	0	0	0
ability to tell a story	0	0	0	0
ability to take part in imaginative play	0	0	0	0
ability to communicate own needs in a way understandable to adults and peers	0	0	0	0
ability to understand on first try what is being said to him/her	0	0	0	0
ability to articulate clearly, without sound substitutions	0	0	0	0

Would you say that this child:

	Yes	No	Don't know
knows how to handle a book (e.g., turn a page)	0	0	0
is generally interested in books (pictures and print)	0	0	0
is interested in reading (inquisitive/curious about the meaning of printed material)	0	0	0
is able to identify at least 10 letters of the alphabet	0	0	0
is able to attach sounds to letters	0	0	0
is showing awareness of rhyming words	0	0	0
is able to participate in group reading activities	0	0	0
is able to read simple words	0	0	0
is able to read complex words	0	0	0
is able to read simple sentences	0	0	0
is experimenting with writing tools	0	0	0
is aware of writing directions in English (left to right, top to bottom)	0	0	0
is interested in writing voluntarily (and not only under the teacher's direction)	0	0	0
is able to write his/her own name in English	0	0	0

	Yes	No	Don't know
is able to write simple words	0	0	0
is able to write simple sentences	0	0	0
is able to remember things easily	0	0	0
is interested in mathematics	0	0	0
is interested in games involving numbers	0	0	0
is able to sort and classify objects by a common characteristic (e.g., shape, colour, size)	0	0	0
is able to use one-to-one correspondence	0	0	0
is able to count to 20	0	0	0
is able to recognize numbers 1-10	0	0	0
is able to say which number is bigger of the two	0	0	0
is able to recognize geometric shapes (e.g., triangle, circle, square)	0	0	0
understands simple time concepts (e.g., today, summer, bedtime)	0	0	0
demonstrates special numeracy skills or talents	0	0	0
demonstrates special literacy skills or talents	0	0	0
demonstrates special skills or talents in arts	0	0	0
demonstrates special skills or talents in music	0	0	0
demonstrates special skills or talents in athletics/dance	0	0	0
demonstrates special skills or talents in problem-solving in a creative way	0	0	0
demonstrates special skills or talents in other areas	0	0	0
If yes, please specify:			

EDI Section C

Section C

How would you rate this child's:

	Very good/good	Average	Poor/very poor	Don't know
overall social/emotional development	0	0	0	0
ability to get along with peers	0	О	0	0

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	О	Ο	0	0
is able to play with various children	0	0	0	0
follows rules and instructions	О	0	0	0
respects the property of others	0	0	0	0
demonstrates self-control	0	0	0	0
shows self-confidence	0	0	0	0
demonstrates respect for adults	0	0	0	0
demonstrates respect for other children	О	0	0	0
accepts responsibility for actions	0	0	0	0
listens attentively	0	0	0	0
follows directions	0	0	0	0
completes work on time	0	0	0	0
works independently	О	0	0	0
takes care of school materials	О	0	0	0
works neatly and carefully	О	0	0	0

	Often or very true	Sometimes or somewhat true	Never or not true	Don't know
is curious about the world	0	0	0	0
is eager to play with a new toy	О	0	0	0
is eager to play a new game	О	0	0	0
is eager to play with/read a new book	О	0	0	0
is able to solve day-to-day problems by him/herself	0	0	0	0
is able to follow one-step instructions	0	0	0	0
is able to follow class routines without reminders	О	0	0	0
is able to adjust to changes in routines	0	0	0	0
answers questions showing knowledge about the world (e.g., leaves fall in the autumn, apple is a fruit, dogs bark)	0	0	0	0
shows tolerance to someone who made a mistake (e.g., when a child gives a wrong answer to a question posed by the teacher)	0	0	Ο	0
will try to help someone who has been hurt	0	0	0	0
volunteers to help clear up a mess someone else has made	0	0	0	0
if there is a quarrel or dispute will try to stop it	0	0	0	0
offers to help other children who have difficulty with a task	0	0	0	0
comforts a child who is crying or upset	О	0	0	0
spontaneously helps to pick up objects which another child has dropped (e.g. pencils, books)	0	0	0	0
will invite bystanders to join in a game	0	0	0	0
helps other children who are feeling sick	0	0	0	0
is upset when left by parent/guardian	0	0	0	0
gets into physical fights	0	0	0	0
bullies or is mean to others	0	0	0	0
kicks, bites, hits other children or adults	0	0	0	0
takes things that do not belong to him/her	0	0	0	0
laughs at other children's discomfort	0	0	0	0
can't sit still, is restless	0	0	0	0

is distractible, has trouble sticking to any activity	0	0	0	0
fidgets	0	0	0	0
is defiant	0	0	0	0
has temper tantrums	0	0	0	0
is impulsive, acts without thinking	0	0	0	0
has difficulty awaiting turn in games or groups	0	0	0	0
cannot settle to anything for more than a few moments	0	0	0	0
seems to be unhappy, sad, or depressed	0	0	0	0
appears fearful or anxious	0	0	0	0
appears worried	0	0	0	0
cries a lot	0	0	0	0
is nervous, high-strung, or tense	0	0	0	0
is incapable of making decisions	0	0	0	0
is shy	0	0	0	0
sucks a thumb/finger	0	0	0	0

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?	0	0	0
(based on parent information, medical diagnosis, and/or teacher observation)			

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	0	0	0
visual impairment	0	0	0
hearing impairment	0	0	0
speech impairment	0	0	0
learning disability	0	0	0
emotional problem	0	0	0
behavioural problem	0	0	0
home environment/problems at home	0	0	0
chronic medical/health problems	0	0	0
unaddressed dental needs	0	0	0
other If yes, please specify:	0	Ο	0

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)?	0	0	0
Is this child currently receiving further assessment?	0	0	0
Is this child currently on a wait list to receive further assessment?	0	0	0
Do you feel that this child needs further assessment? If yes, please specify:	0	Ο	0

Section E

EDI

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

		Yes	No	Don't know
Did this child attend an early intervention program Specify if known:		Ο	0	0
	Yes	N	0	Don't know

0

Ο

0

If yes, please specify type of care arrangement (please refer to Guide for examples):

On a regular basis, has been in non-parental care prior to kindergarten entry

	Yes
Centre-based, licensed, non-profit	0
Centre-based, licensed, for profit	0
Other home-based, licensed	0
Other home-based, unlicensed, non-relative	0
Other home-based, unlicensed, relative	0
Child's home, non-relative	0
Child's home, relative	0
Other/don't know	0

	Full-Time	Part-Time	Don't Know
To the best of your knowledge, prior to the child's entry to kindergarten, was this arrangement:	0	0	0

	Yes	No	Don't Know
Attended other language or religion classes Specify if known:	0	0	0
Attended an organized pre-school/nursery school (If only <i>part-time</i> , and it is was <i>not</i> the main child-care arrangement)	0	0	О