

SCHOOL REGISTRATION

Thank you for protecting your child's health and the health of your community by immunizing your family. Having an up-to-date record of your child's immunizations allows Algoma Public Health to respond to any infectious disease risk or outbreak at your child's school.

Ontario's Immunization of School Pupils Act (ISPA) requires that children and adolescents attending primary or secondary school be appropriately immunized against designated diseases. All immunization requirements for school attendance align with Ontario's publicly funded immunization schedule.

Parents and guardians are responsible for reporting vaccines administered to school-aged children to their local Medical Officer of Health.

You may report your child's immunizations by using the following methods:

- 1. Using ICON (Immunization Connect Ontario), an online tool at www.algomapublichealth.com/icon
- 2. Attaching a copy of the immunization record to this form and returning it to your child's school
- 3. Contacting Algoma Public Health Immunization Program at: (705) 759-5409

STUDENT INFORMATION				
Name:				
Date of Birth:				
Gender:				
Mailing Address:				
OHCN (Ontario Health Card Number):				
School:				
Grade:				
Health Care Provider:				

PARENT/LEGAL GUARDIAN INFORMATION				
Name:				
Relationship to Child:				
Mailing Address (if different from above):				
Telephone (home):				
Signature:				
Date:				
-				

Personal information contained on this form is collected under the authority of one or more of the following: the Health Protection and Promotion Act, R.S.O. 1990, c.H.7: The Drug and Pharmacies Regulation Act, R.S.O. 1990, c.H.4 (formerly the Health Disciplines Act); the Child Care Early Years Act, 2014; the Regulated Health Professions Act, 1991, S.O. 1991, C.18; and is in compliance with the Municipal Freedom of Information and Privacy Protection Act, R.S.O. 1990, C.M.56; and the Personal Health Information Protection Act, 2004, c.3 Schedule A. This information is used to ensure that all appropriate personal care and public health services are provided, and that necessary statistics are kept.

PERMISSION TO SHARE SPEECH AND LANGUAGE SCREENING AND DEVELOPMENTAL CHECKLIST – PLEASE COMPLETE

Dear Parent/Guardian:

Attached you will find the **Nipissing District Developmental Screen** and the **Speech & Language Checklist.** These tools can be used to help you to ensure that your child is developing a variety of skills and abilities age appropriately.

Once you complete these forms the secretary or principal will photocopy them and send the originals home with you. If you are concerned or your responses on the checklist or screen indicate that you should seek the help of a professional, you can learn about available programs and services by contacting the **Parent-Child Info Line (information is attached)**.

We are also asking that you sign and date the permission form below so that we may share the results of the checklist with the appropriate people at Algoma Public Health to ensure that your child may receive any assistance they require.

(PLEASE PRINT)	
Name of School:	
Name of Student:	
Name of Parent/Guardian:	
Phone # of Parent/Guardian:	

I hereby give the staff of the Huron-Superior Catholic District School Board to share the attached information with Algoma Public Health so that my child (named above) may receive any assistance they may require.

Signed: _____

Attention School Secretary/Principal: PLEASE FAX THIS FORM WITH THE COMPLETED SCREENING TOOLS TO ALGOMA PUBLIC HEALTH AT 705-541-7308.



Today's Date: _____

The Nipissing District Developmental Screen is a checklist designed to help monitor your child's development.

Child's Name

Birthdate:

- Y N BY THREE YEARS OF AGE, DOES YOUR CHILD:
- O O 1 Speak clearly enough to be understood all of the time by family?
- O O 2 Understand two and three step directions? ("pick up your hat and shoes and put them in the closet")*
- O O 3 Speak in sentences of five or more words? ("I go home and play")
- O O 4 Understand and use some describing words? (big, dirty, wet, hot)
- O O 5 Walk up the stairs using the handrail?
- O O 6 Stand on one foot briefly?
- O O 7 Throw a ball forward at least one metre (three feet)?
- O O 8 Twist lids off jars or turn knobs?
- O O 9 Turn the pages of a book one at a time? A
- O O 10 Play make-believe games with actions and words? (pretending to cook a meal, fix a car)*
- O O 11 Dress or undress with help?**
- ○ 12 Share some of the time? (toys, books)*
- O O 13 Show affection with words and actions?
- O O 14 Play with others comfortably?
- O O 15 Co-operate with parent's request half of the time?
- O O 16 Listen to music or stories for 5-10 minutes with you?
- O O 7 Greet friends and familiar adults when reminded?

Examples provided are only suggestions You may use similar examples from your family experience.

** Item may not be common to a cultures

VEARS

English



Instructions for the Nipissing District Developmental Screen®

The ndds is a developmental screening tool designed to be completed by a parent or caregiver. It provides a snapshot of your child's development to discuss with your health care or child care professional. The areas of development covered by the ndds include vision, hearing, emotional, fine motor, gross motor, social, self-help, communication, and learning and thinking. The screens coincide with key developmental stages up to age six.

Choose the screen that matches your child's age

The ages are noted on each screen. If your child falls between two ages, use the earlier age (for example: if your child is 4½ years old use the 4 year old screen). Health care professionals may want to correct for prematurity based on their current clinical practice.

Answer the questions to the best of your ability

If you are not sure, try the question with your child before checking yes or no. Any examples provided are only suggestions. You may use similar examples from your family experience. The language and communication items can be asked in the child's first language. Items marked with ** may not be common to all cultures.

3. Follow-up with your health care and/or child care professional

If you answer "no" to any question or have any concerns about your child's development, follow-up with your health care and/or child care professional.

Activities for your child

While the skills in each screen are expected to be mastered by most children by the age shown, the activities may be a bit more challenging. You can practice with your child to prepare him/her for the next developmental stage. To help you, each activity has a symbol that represents the main area of development.

If you have questions or concerns about using any activity for your child, contact a health care or child care professional.

LIMITATION OF LIABLITY I Apassing District Orweicipmental Screenth (NDDS6) has created and provides the Screen Forms to assist parents, health care and child care professionals (users) with a convenient and easy to use method of recording the drivilicipment and progress of infants and children within certain age groupings. The Screen Forms are not meant to be a publicate for the advice anxiety to use method of recording the drivilicipment and progress of infants and children within certain age groupings. The Screen Forms are not meant to be a publicate for the advice anxiety to use method of recording the drivilicity and children within certain age groupings. The Screen Forms are not instant and children Although the Screen forms may help users to determine when they need to seek out the advice and/or theatment of health care and child care professionals, users must still consult with completer Health care and child care professionals for advice analysis of children and their particular needs.

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Emotional 🆤	Fine Motor 🖤	Gross Motor 🏌	Social	*Ť*
Self-Help	Communication	Learning &	Thinking	•

The following **activities for your child** will help you play your part in your child's development.

I may be afraid of things that didn't bother me before. My fears are real to me so help me to feel safe.

Encourage me to create with puzzles, play dough, nesting toys, peg boards, beads, and building blocks.

I like activities that let me practise cutting, gluing, painting, and drawing.

We can play by making a line on the floor with a rope or masking tape. We can lie, stand, walk, run, gallop on, or jump over the line.

Let's play ball! Encourage me to throw and catch a ball, hit a ball with a bat or racquet, or kick a ball at a target. We can hold a beach ball between us using different parts of our bodies (elbows, legs, hands, knees, feet).

help to take turns, share, and cooperate.

We can be whomever we want or do what ever we want when we play make believe. Let's pretend to go camping, play astronaut, firefighter, or dancer.

Encourage me to do things by myself to help me become independent. It is important for me to be able to get dressed and undressed, wash myself, and help to clean up. I'm learning about responsibility. Books are some of my favourite things. Read to me often throughout the day. Make it part of our daily routine by setting aside a special time. Choose books that are colourful and interesting to me.

I enjoy guessing games. Place some familiar objects on the table, and we can take turns describing them. For example "Show me something we use to brush our hair". Sometimes make it silly so we can laugh.

Silly games make me laugh. Make cards using simple magazine pictures.

Add something that does not belong like a girl with a moustache or a fish with legs. Giggle with me as we talk about what's funny.

I like sorting objects. Give me an empty egg carton where I can put different objects into the cups. Things like buttons, different coloured objects, shapes, and rocks are fun to sort.

I enjoy surprises. Let's hide different objects in a box or bag for a game of touch and tell. We can take turns feeling the objects and describing what's in the bag. Pull them out to see if we were right.

I have lots of energy and need space to run, climb, pull a wagon, and ride a tricycle.

All children my age should have a vision, hearing, and dental checkup. Ask our family doctor or public health unit where these services are available in our community.

Instructions for the Nipissing District Developmental Screen®

The **ndds** is a developmental screening tool designed to be completed by a parent or caregiver. It provides a snapshot of your child's development to discuss with your health care or child care professional. The areas of development covered by the **ndds** include vision, hearing, emotional, fine motor, gross motor, social, self-help, communication, and learning and thinking. The screens coincide with key developmental stages up to age six.

Choose the screen that matches your child's age

The ages are noted on each screen. If your child falls between two ages, use the earlier age (for example: if your child is 4½ years old use the 4 year old screen). Health care professionals may want to correct for prematurity based on their current clinical practice.

Answer the questions to the best of your ability

If you are not sure, try the question with your child before checking yes or no. Any examples provided are only suggestions. You may use similar examples from your family experience. The language and communication items can be asked in the child's first language. Items marked with ** may not be common to all cultures.

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Activities for your child

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ndds 2011

Aways talk to your healthcare or childcare professional if you have any questions about your child's development or well being. See reverse for instructions, limitation of lability, and product loanse. Hipsiang Distinct Developmental Screen @ 2011. Hipsiang Distinct Developmental Screen Intellectual Property Association. All rights reserved. For Four Year Olds

Child's Name _______ Today's Date:

The Nipissing District Developmental Screen is a checklist designed to help monitor your child's development.

Y N BY FOUR YEARS OF AGE, DOES YOUR CHILD:

- O O 1 Understand three-part related directions and longer sentences? ("put your toys away and wash your hands before lunch")*
- O O 2 Say rhymes (cat-bat-hat) or sing children's songs?*
- O O 3 Ask and answer a lot of questions? ("why?", "what are you doing?")*
- O O 4 Speak clearly enough to be understood most of the time without repeating or stuttering on sounds or words?
- O O 5 Tell stories with a clear beginning, middle, and end?
- O O 6 Show you four colours when asked? ("show me the red crayon")*
- O O 7 Tell what is happening in a picture when you ask?
- O O 8 Go up and down stairs alternating feet? (with one foot on each step)
- O O 9 Stand on one foot for one to three seconds without support?
- O O 10 Try to hop on one foot?
- O O 11 Catch a large ball with outstretched arms?
- O O 12 Snip paper with scissors? A
- O O 13 Draw a person with three or more body parts?
- O O 14 Hold a crayon or pencil correctly?
- O O 15 Undo buttons and zippers?
- O O 16 Use the toilet/potty during the day? (toilet trained)
- O O 17 Take turns and share with other children in small group activities?
- O O 18 Try to comfort someone who is upset?
- O O 19 Play near and talk to other children while continuing with own activity?
- O O 20 Look for adult approval?

("watch me" or "look what I did")*



Examples provided are only suggestions.
You may use similar examples from your family experience.

** Item may not be common to all cultures.

Aways talk to your healthcare or chaldcare professional if you have any questions about your child's development or well being. See revenue for instructions, limitation of liability, and product license. Hpissing District Developmental Screen @ 2011. Npissing District Developmental Screen Intellectual Property Association. All rights reserved:

Instructions for the Nipissing District Developmental Screen®

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Choose the screen that matches your child's age

The ages are noted on each screen. If your child falls between two ages, use the earlier age (for example: if your child is 4½ years old use the 4 year old screen). Health care professionals may want to correct for prematurity based on their current clinical practice.

2. Answer the questions to the best of your ability

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If you answer "no" to any question or have any concerns about your child's development, follow-up with your health care and/or child care professional.

Activities for your child

While the skills in each screen are expected to be mastered by most children by the age shown, the activities may be a bit more challenging. You can practice with your child to prepare him/her for the next developmental stage. To help you, each activity has a symbol that represents the main area of development.

If you have questions or concerns about using any activity for your child, contact a health care or child care professional.

LIMITATION OF LIABILITY INpassing District Developmental Screen® (NDOS®) has created and provides the Screen Forms to assist parents, health care and child care professionals (users) with a convenient and easy to use method of recording the development and progress of infants and children within certain age groupings. The Screen Forms are not meant to be a substitute for the advice and/or treatment of health care and child care professionals trained to properly and professionally assess the development and progress of infants and children. Although the Screen forms rays here users to the lath care and child care professionals trained to properly and professionally assess the development and progress of infants and children. Although the Screen forms rays here users to different events the advice anticle treatment of health care and child care professionals, users must still consult with competent health care and child care professionals for advice and/or treatment respecting specific children and ther particular needs.

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The following activities for your child will help you play your part in your child's development.



I need to be heard to know that I am special. Listen when I talk to you.

I'm never too old or big to be hugged so please do it often.

I like activities that let me practise cutting, gluing, painting, drawing, dot-to-dot, simple mazes, and puzzies. Soon I may be able to print letters, numbers, and my name.

i want to practise my lacing skills. Encourage me to thread a shoelace through the holes in my shoes or holes punched around a picture. I am getting better at doing buttons and zippers, but I still need practice.

I want to show you what I can do. Set up an obstacle course so I can practise many skills: walking, running, crawling, balancing, climbing, jumping over things, and hopping (on one foot or both feet).

I enjoy ball games. I want to learn to use a bat, racquet, hockey stick, golf club, ball glove. I like to play with you or a friend.

I like it when you read to me. Storybooks are more exciting for me when you change your voice for different parts. Take me to the library.

I can play group games with simple rules: Duck Duck Goose, Ring Around the Rosie, London Bridge is Falling Down and The Farmer in the Dell.

I need opportunities to play with other children. If I'm not In school, I need to be involved in group activities on a regular basis.

I can now tell longer stories. Show me a series of pictures and tell me a story about them. After I know it well, have me put the pictures in order. I can retell the story or make up one of my own.

I am learning about words and sounds. Play rhyming games and laugh at the silly words we can make together. Point out the sounds and letters in my world.

Let's play a memory game. We can take turns giving each other directions ("Put your hands on your head, then turn around, then touch the ground").

It's important for me to know my full name, address, and telephone number.

I learn best by playing and using my imagination. Please limit and monitor my video game, computer, and TV time.

All children my age should have a vision, hearing, and dental checkup. Ask our family doctor or public health unit where these services are available in our community.

Instructions for the Nipissing District Developmental Screen®

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Choose the screen that matches your child's age

The ages are noted on each screen. If your child falls between two ages, use the earlier age (for example: if your child is 41/2 years old use the 4 year old screen). Health care professionals may want to correct for prematurity based on their current clinical practice.

Answer the questions to the best of your ability

If you are not sure, try the question with your child before checking yes or no. Any examples provided are only suggestions. You may use similar examples from your family experience. The language and communication items can be asked in the child's first language. Items marked with ** may not be common to all cultures.

Follow-up with your health care and/or child care professional

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The Screen Forms are sold with the understanding that NDOS9 is not engaged in rendering health care, child care, medical or other professional services

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