

EARLY DEVELOPMENT INSTRUMENT
A Population-Based Measure for Communities
2011



Please fill in the circles like this ● or ✗ NOT ✗

Please use a blue or black ballpoint pen.

Please print in capital letters & avoid contact with the edge of the box. A32

State ID

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District ID

--	--	--	--

Teacher or Class ID

--	--	--	--	--	--

EDI ID

--	--	--	--	--	--	--	--

1. Classroom length/time:

- Half-day a.m.
- Half-day p.m.
- Full day
- Other (specify)

2. Child's date of birth:

mm / dd / yy

		/			/		
--	--	---	--	--	---	--	--

3. Sex: F M

4. Zip code:

						-				
--	--	--	--	--	--	---	--	--	--	--

5. Date of completion:

mm / dd / yy

		-			-		
--	--	---	--	--	---	--	--

- | | | | |
|----------|-----------------------|-----------------------|----------------------------------|
| 0 | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> |
| 1 | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> |
| 2 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 7 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 8 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 9 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

6. Child has an Individualized Education Program (IEP) or equivalent?

- Yes No Don't know

7. Do you believe this child has a special need?

- Yes No

8. Child has been referred for assessment(s) to determine if s/he qualifies for special education services:

- Yes No Don't know

9. Child considered an English Language Learner (ELL)?

- Yes
 No



10. What is the child's first language?

(See Guide for codes)

11. Does the child communicate adequately in his/her first language:

- Yes No Don't know

12. Is this year a repeat of kindergarten for this child?

- Yes No

13. Child's race/ethnicity:

(See Guide for codes)

14. Student Status: in class more than 1 month

(Stop: End survey here)

- in class less than 1 month
 moved out of class
 moved out of school
 other, please specify



Section A - Physical Well-being

1. About how many regular days (see *Guide*) has this child been absent since the beginning of the school year?

Number of days absent:

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2. How many of these days can be attributed to being sick?

Number of days sick:

--	--	--

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

	Yes	No	Don't Know
3. over- or under-dressed for school-related activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. too tired/sick to do school work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. late	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. hungry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Would you say that this child:

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

Sometimes teachers may observe that their students are either underweight or overweight. Do you feel that this child:

	Yes	No	Don't Know
10. is underweight	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. is overweight	<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
12. proficiency at holding a pen, crayons, or a paintbrush	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. ability to manipulate objects	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. ability to climb stairs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. level of energy throughout the school day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. overall physical development	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Section B - Language and Cognitive Skills

How would you rate this child's:

	Very Good/ Good	Average	Poor/ Very Poor	Don't Know
1. ability to use language effectively in English	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. ability to listen in English	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. ability to tell a story	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. ability to take part in imaginative play	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. 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"/>
6. 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"/>
7. 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
8. knows how to handle a book (e.g., turn a page)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. is generally interested in books (pictures and print)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. is interested in reading (inquisitive/curious about the meaning of printed material)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. is able to identify at least 10 letters of the alphabet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. is able to attach sounds to letters	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. is showing awareness of rhyming words	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. is able to participate in group reading activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. is able to read simple words	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. is able to read complex words	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. is able to read simple sentences	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. is experimenting with writing tools	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. is aware of writing directions in English (left to right, top to bottom)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. is interested in writing voluntarily (and not only under the teacher's direction)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. is able to write his/her own name in English	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. is able to write simple words	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

43834



Section B - Language and Cognitive Skills

<i>Would you say that this child:</i>	Yes	No	Don't Know
23. is able to write simple sentences	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. is able to remember things easily	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. is interested in mathematics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. is interested in games involving numbers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27. is able to sort and classify objects by a common characteristic (e.g., shape, color, size)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28. is able to use one-to-one correspondence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29. is able to count to 20	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30. is able to recognize numbers 1 - 10	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31. is able to say which number is bigger of the two	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
 32. is able to recognize geometric shapes (e.g., triangle, circle, square)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
33. understands simple time concepts (e.g., today, summer, bedtime)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
34. demonstrates special numeracy skills or talents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
35. demonstrates special literacy skills or talents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
36. demonstrates special skills or talents in arts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
37. demonstrates special skills or talents in music	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
38. demonstrates special skills or talents in athletics/dance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
39. demonstrates special skills or talents in problem solving in a creative way	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
40. demonstrates special skills or talents in other areas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

(If yes, please specify:



Section C - Social and Emotional Development

How would you rate this child's:

	Very Good/ Good	Average	Poor/ Very Poor	Don't Know
1. overall social/emotional development	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. 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 behaviors of children. For each statement, please fill in the circle 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
3. 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"/>
4. is able to play with various children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. follows rules and instructions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. respects the property of others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. demonstrates self-control	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. shows self-confidence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. demonstrates respect for adults	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. demonstrates respect for other children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. accepts responsibility for actions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. listens attentively	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. follows directions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. completes work on time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. works independently	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. takes care of school materials	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. works neatly and carefully	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. is curious about the world	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. is eager to play with a new toy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. is eager to play a new game	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. is eager to play with/read a new book	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Section C - Social and Emotional Development

<i>Would you say that this child:</i>	Often or Very True	Sometimes or Somewhat True	Never or Not True	Don't Know
22. is able to solve day-to-day problems by him/herself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. is able to follow one-step instructions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. is able to follow class routines without reminders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. is able to adjust to changes in routines	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
 26. 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"/>
27. 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"/>
28. will try to help someone who has been hurt	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29. volunteers to help clear up a mess someone else has made	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
 30. if there is a quarrel or dispute will try to stop it	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31. offers to help other children who have difficulty with a task	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32. comforts a child who is crying or upset	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
 33. 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"/>
34. will invite bystanders to join in a game	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
35. helps other children who are feeling sick	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
36. is upset when left by parent/guardian	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
37. gets into physical fights	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
38. bullies or is mean to others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
39. kicks, bites, hits other children or adults	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
40. takes things that do not belong to him/her	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
41. laughs at other children's discomfort	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
42. can't sit still, is restless	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
43. is distractible, has trouble sticking to any activity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
44. fidgets	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
45. is disobedient	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
46. has temper tantrums	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
47. is impulsive, acts without thinking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Section C - Social and Emotional Development

Would you say that this child:

	Often or Very True	Sometimes or Somewhat True	Never or Not True	Don't Know
48. has difficulty awaiting turn in games or groups	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
49. cannot settle to anything for more than a few moments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
50. is inattentive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
51. seems to be unhappy, sad, or depressed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
52. appears fearful or anxious	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
53. appears worried	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
54. cries a lot	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
55. is nervous, high-strung, or tense	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
56. is incapable of making decisions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
57. is shy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
58. sucks a thumb/finger or piece of clothing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Section D - Special Concerns

1. 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)?

- Yes
- No *(Skip to question 5)*
- Don't Know *(Skip to question 5)*

2. If YES above, please mark all that apply. Please base your answers on teacher observation and/or parent guardian information and/or medical diagnosis.

	Yes, teacher observed	Yes, parent info/medical diagnosis		Yes, teacher observed	Yes, parent info/medical diagnosis
physical disability	<input type="radio"/>	<input type="radio"/>	home environment/problems at home	<input type="radio"/>	<input type="radio"/>
visual impairment	<input type="radio"/>	<input type="radio"/>	chronic medical/health problems	<input type="radio"/>	<input type="radio"/>
hearing impairment	<input type="radio"/>	<input type="radio"/>	unaddressed dental needs	<input type="radio"/>	<input type="radio"/>
speech impairment	<input type="radio"/>	<input type="radio"/>	homelessness	<input type="radio"/>	<input type="radio"/>
learning disability	<input type="radio"/>	<input type="radio"/>	other <i>(if known, please print clearly)</i>	<input type="radio"/>	<input type="radio"/>
emotional problem	<input type="radio"/>	<input type="radio"/>			
behavioral problem	<input type="radio"/>	<input type="radio"/>			

43834



Section D - Special Problems

3. If the child has received a diagnosis or identification by a doctor or psychological professional, please indicate. (See Guide for codes)

Not Applicable

Don't Know

4. Is the child receiving any school based support(s) (e.g., educational assistant, equipment)?

Yes

No

Don't Know

5. a) Is the child currently receiving further assessment?

- b) Is the child currently on a wait list to receive further assessment?

- c) Do you feel that this child needs further assessment?

Section E - Additional Questions

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

1. Has the child attended a special education preschool program or other early intervention program/services (e.g., speech therapy)?

Yes

No

Don't Know

Specify type of program, if known:

2. In the year prior to kindergarten entry, has the child been in non-parental child care on a regular basis?

Yes

No

(Skip to question 3)

Don't Know (Skip to question 3)

2a) If yes, please specify type of child care arrangement (see Guide): *Mark all that apply.*

Center-based

Child's home

Other (please specify

)

Other home-based (in someone else's home)

Don't Know

- 2b) To the best of your knowledge, in the year prior to the child's entry to kindergarten, was the child care arrangement:

Full-time

Part-time

Don't Know

3. Since the beginning of the school year, has the parent/guardian volunteered in the classroom, on a classroom project, field trip, etc.?

Yes

No

4. Has a parent/guardian attended parent-teacher conferences?

5. Apart from parent-teacher conferences, have you had one-on-one conversations with the student's parent/guardian (either by phone or face-to-face)?

6. Do the student's parents/guardians spend time sitting with them to supervise and provide appropriate assistance/explanation with homework without completing the homework for their child?

Yes

No

Don't Know

If you have any comments about this child and her/his readiness for school, please print them below. ****Please do not include the child's name below****

43834

