

LANGUAGE DEVELOPMENT

If not English, what is the main language spoken at home?

At what age did your child start to talk?

How well does your child listen to and follow instructions?

Can your child recognise their name? Yes No Write their name? Yes No

MOTOR DEVELOPMENT

Can your child hold a pencil correctly? Yes No Left handed or Right handed?

Can your child use scissors? Yes No Use glue? Yes No Recognise colours? Yes No

SOCIAL AND EMOTIONAL DEVELOPMENT

How does your child react when you leave them in someone else's care?

How do you think your child will react to starting Prep?

How do you think your child will cope with five days attendance at Prep?

What opportunities has your child had to socialise with other children their own age?

Day Care Family Day Care Kindergarten Other

Does your child like to play alone or with others?

How does your child react to change, new challenges, frustration and failure?

Do you have any concerns about your child's social/emotional development?

HOME ACTIVITIES

What are your child's favourite toys, games, books, DVDs and TV programs at the moment?

How regularly does your child...?

- watch tv/dvds
- read books or is read to
- draw/colour in
- use scissors/glue and other craft
- participate in physical activity outside
- help out around the house (pack up toys, make their bed etc)

What sort of technology (e.g. computer, iPad etc) does your child use at home? How often?

What 'out-of-school' activities does your child participate in, e.g. soccer, ballet, piano, drama

CULTURAL CONSIDERATIONS

Does your child require any special considerations for:

- Food Clothing
 Celebrations Sports Activities
 Other (please provide details)

WHAT ARE YOUR EXPECTATIONS OF PREP FOR YOUR CHILD?

**Thank you for taking the time to fill out this questionnaire.
Please return it to the school office with your completed enrolment forms.**