



PEREGIAN SPRINGS STATE SCHOOL

PREP 2022 PARENT QUESTIONNAIRE

Child's Name:	Date of Birth: ___/___/___		
Mother's Name:			
Father's Name:			
Other significant adults:			
Custody/Guardianship information:			
Is your child the <input type="checkbox"/> youngest <input type="checkbox"/> eldest <input type="checkbox"/> middle <input type="checkbox"/> only child in your family?			
Names and year levels of siblings:			
Who are the people your child lives with?			
Have there been recent changes in your family, e.g. recent move, new house, baby, marriage, divorce, death			
How will your child usually travel to and from school? <input type="checkbox"/> car <input type="checkbox"/> bus <input type="checkbox"/> walk <input type="checkbox"/> bike			
Has your child participated in a Queensland Government-approved Kindergarten program? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which Centre? Please be aware that the transition statement you will receive from your child's kindergarten is a key element in us understanding your child's learning needs and capabilities. We find this a vital element in ensuring a smooth transition, and request that you pass this document onto us as soon as possible , once received.			
PHYSICAL DEVELOPMENT			
Was your child born at full term? <input type="checkbox"/> Yes <input type="checkbox"/> No If premature, how early?			
Did your child have a normal or difficult birth?			
At what age did your child crawl?		Walk?	
Has your child had any serious illnesses, operations or accidents? <input type="checkbox"/> No <input type="checkbox"/> Yes (please provide details)			
Does your child have any allergies? <input type="checkbox"/> No <input type="checkbox"/> Yes (please provide details)			
Does your child still have a daytime rest/sleep? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Can your child toilet themselves? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you have any concerns about your child's development? Please give details. Eyesight <input type="checkbox"/> Yes <input type="checkbox"/> No Hearing <input type="checkbox"/> Yes <input type="checkbox"/> No Speech <input type="checkbox"/> Yes <input type="checkbox"/> No Physical Co-ordination <input type="checkbox"/> Yes <input type="checkbox"/> No			
Four year old health checks: Any arising issues?			
SPECIALIST SERVICES			
Has your child been seen by a	Yes	No	Please provide relevant details:
Speech Language Pathologist?			
Occupational Therapist?			
Physiotherapist?			
Paediatrician?			
Optometrist?			
Audiologist?			
Other Specialist?			

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.**