

PEREGIAN SPRINGS STATE SCHOOL PREP PARENT QUESTIONNAIRE

Child's Name:			Date of Birth://	
Mother's Name:				
Father's Name:				
Other significant adults:				
Custody/Guardianship information:				
Is your child the youngest eldest middle 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? □ car □ bus □ walk □ bike				
Has your child participated in a Queensland Government-approved Kindergarten program?				
☐ Yes ☐ 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? ☐ ☐ Yes ☐ No If premature, how early?				
Did your child have a normal or difficult birth? At what age did your child crawl? Walk?				
At what age did your child crawl? Has your child had any serious illnesses, operations or accidents? No Yes (please provide details)				
Does your child have any allergies? ☐ No ☐ Yes (please provide details)				
Does your child still have a daytime rest/sleep? ☐ Yes ☐ No				
Can your child toilet themselves? ☐ Yes ☐ No				
Do you have any concerns about your child's development? Please give details.				
Eyesight □ Yes □ No Speech □ Yes □ No Physical Co-ordination □ Yes □ No				
Four year old health checks: Any arising issues?				
Tour year ord recents. They 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?				
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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.