

PREP COMMENCEMENT INFORMATION

Child's Name:

Date of Birth:

Parents' Names:

Other family members, names and year levels:

DAY CARE DETAILS

Did your child attend Day Care? **YES** **NO**

Name of the Day Care Centre:

Did your child enjoy Day Care? **YES** **NO**

How many days a week does your child attend Day Care?

How old was your child when he/she started Day Care?

Did your child receive any extra support at Day Care? **YES** **NO**

If so, please give details

Have you provided the Transition Statement from your Childcare Centre? **YES** **NO**

MEDICAL

Does your child have any medical conditions? **YES** **NO**

Name and brief details of medical conditions (particularly if and how the condition will impact of life at school).

Has your child had a Four Year Old Health Check? **YES** **NO**

Has your child had a Hearing Test (other than at birth)? **YES** **NO**

Date of Hearing Test

Identified problems?

Has your child had a Vision Test (other than at birth)? **YES** **NO**

Date of Vision Test

Identified problems?

Can other people understand his / her speech?	YES	NO
Has your child had any other testing or support with regards to his or her development?(Speech Delay)	YES	NO
Please provide details (Including Therapist Reports)		

Do you access the NDIS? **YES** **NO** If YES, which services?

SCHOOL READINESS

Does your child separate well from you? **YES** **NO**

If not please give details

Is your child totally independent with toileting? **YES** **NO**

If not, please give details

Is your child **RIGHT HANDED** **LEFT HANDED** **USES BOTH HANDS**

Does your child eat and dress with minimal assistance? **YES** **NO**

Does your child take care of his/her belongings? **YES** **NO**

Does your child follow and obey instructions? **YES** **NO**

Does your child have difficulty eye contact when communicating? **YES** **NO**

Does your child have difficulty understanding facial expressions? **YES** **NO**

Does your child have difficulty understanding the feelings of others? **YES** **NO**

Does your child have difficulty attempting to make friends with peers? **YES** **NO**

Does your child have any sensitivities with smells/textures/taste/sound? **YES** **NO**

If so please give details

Does your child experience distress if routines are changed? **YES** **NO**

If so please give details

When something doesn't go right, such as they don't get their own way or don't win, what is your child's reaction?

Is your child confident enough to communicate their needs (EG. Hungry, thirsty, tired, toilet, sick etc) to an adult other than a parent? **YES** **NO**

Does your child play co-operatively with other children other than siblings? (EG: Sharing, turn taking)
YES **NO**

Can your child draw **YES** **NO** Paint **YES** **NO** Use Scissors **YES** **NO**

Do you read regularly to your child? **YES** **NO**

Is your child interested in books? **YES** **NO**

Can your child identify writing? **YES** **NO**

Can your child identify a Capital Letter? **YES** **NO**

Can your child identify these letters? (Enroller to give examples.)

Can your child sound these letters? (Enroller to give examples.)

Can your child identify the highway? **YES** **NO**

Can your child identify rhyming words? (Enroller to give examples.)

How would you describe your child's personality

What are your child's hobbies / interests?

Who lives in your child's house

Do you have any worries or concerns about your child starting school (EG: Making friends, loud noises, tending to wander off, lack of confidence etc)?

Have any members of his / her family (including parents, uncles and aunts, brothers and sisters) experienced special difficulty with reading and / or spelling? **YES** **NO**

Does he/she have any nervous tendencies (excessive story telling) or fears? **YES** **NO**

How will your child get home in the afternoon?

Does your child have any special friends you would like them to be placed with in prep?

Is there any other relevant information?

Thank you for your time, the information you have supplied will help us meet the needs of new preppie.