

BURLEIGH HEADS STATE SCHOOL
Prep Commencement Information

NAME: _____ M / F D.O.B. _____

PARENTS' NAMES: _____

OTHER FAMILY MEMBERS AND NAMES AND YEAR LEVELS: _____

What is his / her position in the family? _____

Has your child been to? (Name Centre)

Kindergarten _____ From _____ To _____

Childcare _____ From _____ To _____

Preschool _____ From _____ To _____

How did your child react to Kindergarten/Childcare/Preschool?

Initially: _____

Now: _____

What activities does he / she enjoy at childcare? _____

Who are his / her special friends? Preschool _____

Other _____

Has he / she been separated from you for a whole day? (6 hours) Yes / No

Any special reaction after the separation? _____

Health:

Has your child any medical problems: (eg asthma, epilepsy, allergies etc): If so, what? _____

Is your child taking any medication? Yes / No _____

Was your child a full term baby? Yes / No For how long? _____

Has your child ever been hospitalised? Yes / No For how long? _____

Have you ever suspected a hearing (Yes / No) or sight (Yes / No) problem?

Has it been attended to? Yes / No

Speaking / Speech:

Can other people understand his / her speech? Yes / No

Does he / she have difficulty in saying some words? Yes / No

Which ones? _____

Has he / she attended speech therapy? Yes /No

Behaviour:

Does he / she appear over-active? Yes / No

Is he / she able to sit and complete a task? Yes / No

How does he / she react to: new situations _____

new people (adults / children) _____

Are there any behaviour issues? _____

General:

What major events have occurred within your family that may have significantly impacted on your child's life to date? _____

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 go home in the afternoon? _____

Do you have any concerns about starting Prep? _____

Is there a child that you believe your child should not be placed with? _____

Is there any other relevant information? _____
