



SCHOOL PREP 2023 PREP ENROLMENT QUESTIONNAIRE & STUDENT INFORMATION FOR THE CLASS TEACHER

The following questionnaire has been designed to collect information about your child to assist classroom teachers' better meet the educational needs of your child. As a parent you know your child best in terms of their interests, fears, preferred learning styles and areas for development.

Thank you for your time and we look forward to discussing your hopes and concerns for your child.



Name of child: _____ **Class allocation:** _____

Parent/Carers' Name: _____

Contact Phone: _____

Start Date: _____ **Male** **Female**

Date of birth: _____

Siblings: **Yes** **No** **List ages:** _____

Have you supplied the following?

Transition Statement - written by your child's Kindergarten teacher	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Birth Certificate or Passport	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Proof of Residency - Rates notice, tenancy agreement (if applicable)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Medical Plans-Asthma, Anaphylactic, Epileptic	N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Any special needs/ requirements?	N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Any Counselling support received?	N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Has your child had the following assessments?

Hearing Assessment	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:	Result:
Vision Assessment	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:	Result:
4 Year Old Check up	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:	Result:
PEDs (Parent Evaluation of Developmental Status)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:	Result:

Please list specialist assessments your child has undertaken. If applicable please consider supplying these to the school. (Medical, Cognitive, Speech, Occupational Therapy, other)



SCHOOL PREP 2023 PREP ENROLMENT QUESTIONNAIRE & STUDENT INFORMATION FOR THE CLASS TEACHER

How does your child feel about starting school?

- Nervous
 Relaxed
 Excited
 Unsure

Other: _____

Is your child right or left handed?

- Left Right

Can your child recognise/read his or her first name?

- Yes No

Has your child attended any of the following?

ENROLMENT TYPE		YEARS ENROLLED
<input type="checkbox"/>	QLD State School	
<input type="checkbox"/>	Private School	
<input type="checkbox"/>	Interstate School	
<input type="checkbox"/>	Overseas School	
<input type="checkbox"/>	School of Distance Education	
<input type="checkbox"/>	Name of Child Care Centre/ Play Group	Days per week:
<input type="checkbox"/>	Name of Kindergarten Program (approved)	Days per week:



Which of the following personality traits best describe your child?

- Outgoing
 Shy
 Confident
 Easy Going
 Sociable
 Reserved
 Relaxed
 Cautious
 Anxious
 Other _____

What is your child's favourite pastime? (Tick more than one)

- Playing with others
 Dressing Up
 Pets
 Building & Construction
 Reading
 Watching TV
 Indoor / Outdoor Pursuits
 Computer Games
 Arts & Craft
 Other: _____



SCHOOL PREP 2023 PREP ENROLMENT QUESTIONNAIRE & STUDENT INFORMATION FOR THE CLASS TEACHER

Please choose how often your child does the following activities

Choose to read or look at books at home	<input type="checkbox"/> Often	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Regularly
Read books together	<input type="checkbox"/> Often	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Regularly
Go to the library	<input type="checkbox"/> Often	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Regularly

Does your child have access to a computer or iPad/tablet at home? Yes No

Does your child use a computer or iPad/tablet at home? Yes No

Do you and your child participate in online activities? Yes No

Describe how your child generally likes to learn new things. (Tick more than one)

- Likes to be shown Prefer to work it out for themselves Learns through books
 Learns through videos Likes to ask questions Other _____

List languages other than English that your child may speak



Who will usually be bringing and picking up your child from Prep?

Has there been any family changes recently that may impact on your child settling into Prep i.e. moved house, new baby, family illness, etc?

How do you think your child will settle into Prep?

Are you concerned about any area of your child's development?



SCHOOL PREP 2023 PREP ENROLMENT QUESTIONNAIRE & STUDENT INFORMATION FOR THE CLASS TEACHER

Does your child have any fears or phobias?

Yes

No

Did your child experienced any major illnesses, accidents or trauma that may have affected your child?

Does your child have any nervous habits?

Yes

No

Please comment on: Your child's ability to play with other children

What are your child's interests or talents?

What do you think your child will need help and encouragement with?

Putting shoes on

Asking to go to the toilet

Looking after belongings

Eating

Making friends

Sharing

Other: _____



Is your child involved in Out of school activities?

Are there any family cultural, religious or beliefs that you believe are important for the teachers to consider:



SCHOOL PREP 2023 PREP ENROLMENT QUESTIONNAIRE & STUDENT INFORMATION FOR THE CLASS TEACHER

ACADEMIC			
Uses correct pencil grip	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes	Can write and recognise their own name	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes
Holds and uses book correctly	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes	Repeats rhymes, songs or dances	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes
Verbally knows letters of the alphabet	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes	Rote counts numbers 1-10	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes
Identifies colours	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes	Visually recognises numbers 1-10	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes
GENERAL			
Is a member of the local library	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes	Recognise his/her belongings (e.g. lunchbox, bag)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes
Has age appropriate gross motor skills	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes	Can open items in lunchbox by themselves	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes
Uses child friendly language, rather than 'baby talk'	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes	Can dress by themselves	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes
Able to go to the toilet by themselves	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes	Able to turn tap on/off & wash hands by themselves	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes
BEHAVIOUR			
Says goodbye to parent/ carer easily	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes	Will apologies without a reminder	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes
Is able to work alone at an activity for up to 10 minutes	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes	Will take turns in a game	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes
Can ask for help when having difficulty	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes	Co-operates with adult requests and direction	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes
Uses common courtesies like 'please' and 'thank you'	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes	Follows rules (e.g. in games & activities, at home)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes
SOCIAL & EMOTIONAL			
Greets familiar adults without reminders	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes	Stays in own garden/ playground area (e.g. does not leave designated area)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes
Contributes to adult conversation	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes	Prefers to play with others	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes
Asks permission to use a toy	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes	Plays near and talks with other children	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes
Engages in socially acceptable behaviour in public	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes	Becomes angry or frustrated (e.g. tamper, tantrum)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes

Childcare facilitator reports about child's progress. (E.g. behaviour, learning, social skills, emotional development, etc.)

List successful strategies that you use to address your child's behaviours:



SCHOOL PREP 2023 PREP ENROLMENT QUESTIONNAIRE & STUDENT INFORMATION FOR THE CLASS TEACHER

Are there social issues with other children that you would like to bring to our attention?

Any additional information that you would like to share concerning your child which may help the school in providing best possible learning environment?

Child's Independent Section

Please ask your child to draw a picture of themselves and write their name in the box below

Thank you for taking the time to complete this form!

