

PREP ENROLMENT QUESTIONNAIRE

Please take the time to complete this questionnaire to assist us in meeting your child's educational needs in the best possible way. Additional note space has been provided on the last page if there is insufficient space in some questions.

Child's Name: _____ **Preferred Name:** _____ **D.O.B:** _____

1. Family composition, including names and ages of siblings: _____

2. Is your child currently at a care facility?

Type	Name of Facility or Relationship to Student	Approx hours per week
Day Care Facility / Kindergarten		
Family / Friend / Nanny		
Play group (parent supervised)		
Other (e.g. Sunday school)		
Total		

3. What regular arrangements have you made for bringing and collecting your child from Prep?

- € Classroom drop off/pickup by _____ € Catching bus to/from _____
- € Front gate drop off/pickup by _____ € Outside School Hours Care (OSHC) _____
- € Bus gate drop off/pickup by _____ € Other _____

4. Any information on recent family changes (eg. just moved house, absence of parent, family illness etc.)?

5. What do you see as the value of the preparatory year for your child?

6. Do any areas of your child's development concern you (eg. late milestones, difficult pregnancy/birth, fears, security toys)?

7. Please note any difficulties with:

Sleep patterns	_____	Appetite	_____
Movement	_____	Toileting/dressing	_____
Speech/language	_____	Behaviour	_____
Hearing	_____	Fears	_____
Vision	_____	Hospitalisation	_____

8. Milestones:

- Walking: € Before 12 months € 12-18 months € After 18 months
- Talking: € Before 18 months € 18-30 months € After 30 months

9. Has your child been immunised? Y/N

10. Does your child have a day time sleep? Y/N If yes, how long? _____



11. Has your child had any support/intervention in any of the following areas? (this information will assist us to provide appropriate support for your child):

Aspect	No	Yes		
		At what age?	For how long?	What assistance was provided?
Eyes & hearing check				
Speech Language Pathology				
Occupational Therapy				
Physiotherapy				
Development assessment team				
Other: _____				

12. Social / Emotional Development (1= Usually; 2 = Sometimes; 3 = Rarely)

Aspect

- Ask for help when having difficulty
- Contributes to adult conversation
- Repeats rhymes, songs or dances
- Is able to work alone at an activity for up to 10 minutes
- Will apologise without a reminder
- Will take turns in a game
- Co-operates with adult requests 75% of the time
- Follows rules in an adult led activity
- Is able to answer the telephone and talk to a familiar person
- May become angry but beginning to control feelings (less chance of temper tantrums)
- Greets familiar adults without reminders
- Asks permission to use a toy
- Increasingly says "please" and "thankyou" without reminders
- Engages in socially acceptable behaviour in public
- Stays in own garden/playground area
- Plays near and talks with other children
- Often prefers to play with others

1	2	3

13. In your opinion, what are your child's strengths/what does your child do well?

14. List areas of play/learning that your child is interested in:

15. Does your child participate in any out of school activities (eg. soccer, pottery, drama, dance music, swimming)?

16. Is there any information on your family's cultural background, languages other than English spoken at home, religious beliefs etc. we need to consider in the program?

Other notes (if insufficient space was provided):

Thank you for taking the time to complete this questionnaire.

