



## 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.*

Child's Name \_\_\_\_\_

Preferred Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

### 1. Names and ages of siblings in the family

\_\_\_\_\_

### 2. What arrangements have you made for bringing and collecting your child from Prep? Please name any relatives or carers

\_\_\_\_\_

### 3. Do you have information on family changes recently? e.g. just moved house, absence of a parent, family illness etc.

\_\_\_\_\_

### 4. Has your child ever attended a playgroup? ☐ Yes ☐ No

### 5. Is your child in non-parental care on a regular basis? ☐ Yes ☐ No

If yes, is the care

☐ Full time, at least six hours a day, 5 days a week

☐ Part time, less than six hours a day, or not every day

What type of care facility? If Day Care/Kindy, please provide the name

☐ Day Care Centre

☐ Grandparent/other relative

☐ Kindergarten

☐ Nanny

☐ Family Day Care

☐ Other

Name of facility \_\_\_\_\_

### 6. Does your child have any friends coming to Ithaca Creek SS from Kindy/Day Care who you would like to be in the same class? ☐ Yes ☐ No

If yes, please name friends

\_\_\_\_\_

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

\_\_\_\_\_

**8. Do any areas of your child's development concern you?** e.g. late milestones, difficult pregnancy or birth, fears, security toys or habits, separation anxiety e.g. thumb sucking, blanket.

☐ Yes ☐ No

If yes, please detail \_\_\_\_\_

**9. Does your child have any medical conditions, special diet, specific food allergies or intolerances?**

☐ Yes ☐ No

If yes, please list \_\_\_\_\_

**10. Please note any difficulties with the following**

☐ Sleep patterns \_\_\_\_\_

☐ Movement \_\_\_\_\_

☐ Speech or Language \_\_\_\_\_

☐ Hearing \_\_\_\_\_

☐ Vision \_\_\_\_\_

☐ Appetite \_\_\_\_\_

☐ Toileting/Dressing \_\_\_\_\_

☐ Behaviour \_\_\_\_\_

☐ Fears \_\_\_\_\_

☐ Hospitalisation/Operations \_\_\_\_\_

**11. Milestones**

**Walking**

☐ Before 12 months

☐ 12 months-18 months

☐ 18 months-2 years

**Talking**

☐ Before 18 months

☐ 18 months-2 ½ years

☐ 2 ½- 3 years

☐ After 3 years

**12. Has your child been immunized?** ☐ Yes ☐ No

**13. Does your child have a daytime sleep?** ☐ Yes ☐ No

If yes how long? \_\_\_\_\_

**14. Has your child had any formal testing?** ☐ Yes ☐ No

If yes, please name and attach results \_\_\_\_\_

**15. Has your child had any support/intervention in any of the following areas**

Eyes and Hearing Check ☐ Yes ☐ No

If yes, at what age and for how long \_\_\_\_\_

Speech Language Pathology ☐ Yes ☐ No

If yes, at what age and for how long \_\_\_\_\_

Occupational Therapy ☐ Yes ☐ No

If yes, at what age and for how long \_\_\_\_\_

Physiotherapy ☐ Yes ☐ No

If yes, at what age and for how long \_\_\_\_\_

Development Assessment Team ☐ Yes ☐ No

If yes, at what age and for how long \_\_\_\_\_

Other ☐ Yes ☐ No

If yes, at what age and for how long \_\_\_\_\_

What assistance has been provided for any of the above difficulties?

\_\_\_\_\_

**16. Social/Emotional Development**

☐ Asks 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, minimising dysregulated moments

☐ Greets familiar adults without reminders

☐ Ask permission to use a toy

☐ Increasingly says "please" and "thank you" 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

**17. In your opinion, what are your child's strengths. What does your child do well?**

\_\_\_\_\_

**18. List area of play/learning that your child is interested in.**

\_\_\_\_\_

**19. Does your child participate in any out of school activities e.g. soccer, pottery, drama, dance, music, swimming?** ☐ Yes ☐ No

If yes, please detail \_\_\_\_\_

Ithaca Creek State School Prep Questionnaire

**20. Is there any information on your family's cultural background, languages other than English spoken at home, religious beliefs we need to consider in the program?** ☐ Yes ☐ No

If yes, please describe \_\_\_\_\_

**21. Does your child attend any language or religion classes?** ☐ Yes ☐ No

If yes, please describe \_\_\_\_\_

**22. What is your child's country of birth?**

\_\_\_\_\_

**Other notes, if insufficient space was provided**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Thank you for taking the time to complete this questionnaire.*