

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.



Gladstone Central State School Prep Enrolment Questionnaire



Office Sighted Birth Cert. Y/N

PLEASE SUBMIT THIS COMPLETED FORM BEFORE YOUR INTERVIEW

Date:

Child's Name: D.O. B:

Preferred Name:.....

Parent's/Guardian's Names:

Handedness
Left Right

1. Names and ages of siblings in the family:

2. Any information on family changes recently? i.e. just moved house, absence of parent, family illness, etc.....

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

4. Is your child in non-parental care on a regular basis? Y/ N

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 everyday)

Please Specify _____

5. What type of care facility-

Day Care Centre

Grandparent/other relative

Nanny

Family Day Care

Kindergarten

Other (Including friends or neighbours

6. How do you think your child will settle into school?.....

7. What do you see as the value of education for your child?.....

8. What are your hopes for your child at this school?

9. Do any areas of your child's development concern you? (eg late milestones, difficult pregnancy or birth, fears, security toys or habits, eg thumb sucking, blanket) Please comment.....

10. Does your child have a special diet, specific food allergies or intolerances?

11. Do you support your child participating in cooking?

12. Can your child eat the food that has been prepared by the Prep students at Prep?

13. Please note any difficulties with :

Sleep patterns..... Movement.....

Speech/Language..... Hearing

Vision Appetite

Allergies Toileting

Behaviour Fears

Any Operations..... Hospitalisation.....

What assistance has been provided to date for this difficulty/disability?.....

14. MILESTONES

Walking -

- Before 12 months 12 months to 15 months 15 months to 2 years

Talking -

- Before 18 months 18 months to 2 1/2 years 2 1/2 years to 3 years After 3 years

15. Has your child had their hearing and vision tested, other than at Birth?

16. Does your child have a daytime sleep? y/n If so how long?

17. Is your child toilet trained? y/n

18. Does your child have friends enrolling? y/n combine or separate?

19. Is your child's immunisations up to date?

20. Social/Emotional Development

	Yes	No	Sometimes
Ask for help when having difficulty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contributes to adult conversation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Repeats rhymes, songs or dances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is able to work alone at an activity for up to 10 minutes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will apologize without a reminder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will take turns in a game	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Co-operates with adult requests 75% of the time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follows rules in an adult lead activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is able to answer the telephone and talk to a familiar person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<i>May become angry but beginning to control feelings - (less chance of temper tantrums)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Greets familiar adults without reminders</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Ask permission to use a toy</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Increasingly says "please" and "thank you" without reminders</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Engages in socially acceptable behaviour in public</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Stays in own garden/playground area</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Plays near and talks with other children</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Often prefers to play with others</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

21. *What in your opinion what are your child's strengths/what, does your child do well?*

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22. *List areas of play/learning that your child is interested in*

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23. *Does your child participate in any out-of-school activity, eg soccer, craft, drama, dance, music? Please list*

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24. *Comment on the experiences your child has had with:*

books?

reading?

writing?

working with numbers?.....

25. *Has your child had any experience with computers?*

Building Partnerships

26. *How will you support your child's learning at home? (e.g. reading everyday, including them in cooking experiences).....*

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27. *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?.....*

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28. *Are there any custody orders in place which need our consideration? y/n details.....*

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29. *In what ways will you be able to participate in the prep program? Do you have any skills or hobbies that you are willing to share with us?*

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30. *There is an expectation that parents will support the school P&C. There are many ways this can occur such as volunteering in the Tuckshop, covering books in the Resource Centre, helping students in class, Concert help, gardening, painting or excursion volunteer. Please list areas in which you would be able to support the P&C?*

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31. *Are you interested in attending the following functions?*

- *School social functions* *y/n*
- *Parent information sessions* *y/n*
- *3 Way Reporting* *y/n*

Any further information you would like to share?.....

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Thank you for your time. We appreciate your participation.

Signed:-..... Date

