

Sibling Details (including children not yet attending school):-

Name	Boy/Girl	Age	Grade	School (if attended)

Child's Social, Emotional, Cognitive, Health and Physical Development

Please comment on your child's health, is he/she having any medical treatment of any kind?		
His/her speech is clear and fluent?	Yes	No
Can he/she speak in sentences?	Yes	No
Are there any physical difficulties that we need to know about, which will then help us provide a suitable program for your child? (Allergies, speech, vision, hearing, over-activity etc).		
Does your child have any medical or specialist reports? (Speech/Occupational Therapist/Doctor/Eye Specialist/Hearing Specialist etc.)		
Has he/she ever had any serious illnesses, accidents, operations or been admitted to hospital for any reason?		
Is your child up-to-date with Immunisations (Triple Antigen, Measles / Mumps / Sabin)?	Yes	No
Can he/she manage the toilet by themselves?	Yes	No

Does he/she sleep well at night?	Yes	No
Does he/she sleep during the day? – how long? when?	Yes	No
Can retell details of an incident?	Yes	No
Can give name and age on request?	Yes	No

Has your child attended a kindergarten or child care centre?	Yes	No
Which centre?		
How many days per week did your child attend?		
Describe your child's behaviour with other children.		
He/she is able to share and take turns?	Yes	No
Does your child like to play alone? With others? With an adult close by? Indoors/Outdoors?		
Does your child have the opportunity to play with children of the same age?		
If so, who?	Where?	
Has he/she been left with other people?		
How does he/she cope?		
He/she is co-operative with adult requests?	Yes	No
He/she asks for assistance when having difficulty?	Yes	No
He/she communicates his/her needs?	Yes	No
He/she is helpful?	Yes	No

He/she follows directions well?	Yes	No
He/she demonstrates aggression when angry?	Yes	No
Is there anything in particular that your child is frightened of?		
Does your child have any security items? (e.g. blanket, toy)		
He/she knows daily routines at home?	Yes	No
Is careful with own belongings?	Yes	No
Have there been any major changes in your family recently? (births, deaths, separation, divorce, moving house, etc).		
Is your child content to sit to finish a meal or would he/she prefer to eat a little and come back and finish the rest later?		

Does your child enjoy puzzles?	Yes	No
Does he/she choose to do puzzles at home without prompting from you?	Yes	No
Does he/she like to colour in?	Yes	No
For what length of time will your child sit and colour in a picture?		
Can your child form the letters of their name?	Yes	No
Shows interest in counting/numbers?	Yes	No
Shows interest in reading/books?	Yes	No
Recalls words to song/rhyme?	Yes	No
Does your child enjoy watching a video?	Yes	No
Does your child watch a video from start to finish or does he/she prefer to watch a short amount then come back later?		
What are your child's favourite toys at home?		
What games do they like to play?		
Do they have any other interests?		
What reading experiences has your child had at home – being read to, looking through books etc?		

How long can your child concentrate on one particular task before losing interest?		
<input type="checkbox"/> less than 5 min	<input type="checkbox"/> 5- 15 min	<input type="checkbox"/> more than 15 min

Parent's Comments

How does your child feel about starting Prep? How do you think they will react?
How do you feel about your child starting Prep?
Do you have any concerns about your child's development or ability to cope at Prep?
What do you expect your child to achieve?

What is your child's hand preference?	Left	Right	No preference
Religion – does your family observe any particular religious practices that we need to know of?			
Do you have a computer at home?	Yes	No	
Does your child use the computer?	Yes	No	
What does your child do when they use the computer? Play games, email etc.			
Any further information you feel we should know about?			