



ISABELLA STATE SCHOOL

Prep Information Questionnaire

Please attach
a photo

*of your child so we
can put a name to
their face!*

Child's name:

Date of birth:/...../..... **Male** ☐ **Female** ☐

Preferred name:

This questionnaire will help us get to know your child better before the beginning of the school year.

1a. Does your child have any brother or sisters at School? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, list names, ages and school attending	NAME	AGE	SCHOOL ATTENDING
1b. Does your child have any younger brothers or sisters at home not attending school? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, list names, ages and date of birth:	NAME	AGE	DATE OF BIRTH
2. Does your child have any other relatives attending Isabella State School? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, list names:			
3. Who does your child live with at home?			
4. Are there any custody issues? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide paperwork			
5. Who will be collecting your child from school?			
6. Will your child be attending after-school care? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, where and when?			

<p>7. In the last 12 months, did your child attend:</p>	<p>Kindergarten: Yes <input type="checkbox"/> No <input type="checkbox"/> Hours/week</p> <p><i>Name of Centre attended</i>.....</p> <p>Has your kindergarten told you about transition statements?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Do you understand how the school uses the information in the transition statements?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Childcare/Family Day Care: Yes <input type="checkbox"/> No <input type="checkbox"/> Days/week</p> <p><i>(Name of Centre attended)</i>.....</p> <p>Playgroup: Yes <input type="checkbox"/> No <input type="checkbox"/> Days/week</p> <p><i>(Playgroup attended)</i></p>
<p>8. What does your child like to do/play with at home?</p>	
<p>9. Have you noticed anything that concerns you with respect to your child's learning, development or behaviour e.g. speech, vision, movement, hearing, thinking, behaviour?</p>	
<p>10. Has your child had his/her vision or hearing tested?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Details:</p>
<p>11. Can your child toilet him/herself confidently?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Details:</p>
<p>12. Is your child allergic to anything?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Details:</p>
<p>13. Does your child have any fears or worries?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Details:</p>

14. Does your child participate in any sports or activities? Yes <input type="checkbox"/> No <input type="checkbox"/>	Details:
15. Have there been any family changes lately e.g. just moved house, absence of parent, family illness, etc?	Details:
16. Does your child have any cultural or religious beliefs that we need to consider when planning the program? Yes <input type="checkbox"/> No <input type="checkbox"/>	Details:
17. Does your family speak any languages other than English at home? Yes <input type="checkbox"/> No <input type="checkbox"/>	Details:
18. How do you think your child will settle into Prep?	
19. Has your child seen a paediatrician, speech pathologist or OT? Yes <input type="checkbox"/> No <input type="checkbox"/>	Details:
20. Does your child currently take any prescription medication? Yes <input type="checkbox"/> No <input type="checkbox"/>	Details:
21. Do you have any concerns around your child starting Prep? Yes <input type="checkbox"/> No <input type="checkbox"/>	Details:

22. Does your child attempt to write his/her own name? Yes <input type="checkbox"/> No <input type="checkbox"/>	Details:
23. Can your child recognise their own name? Yes <input type="checkbox"/> No <input type="checkbox"/>	Details:
24. Which areas of development are strengths for your child e.g. physical, social, cognitive, language etc?	Details:
25. Which areas of your child's development or learning do you feel may need close monitoring?	Details:
26. What are your educational goals for your child in Prep?	Details:
27. Would you be interested in participating in the class program in some way e.g. helping with class activities, sharing your skills/hobbies with the children, etc? Yes <input type="checkbox"/> No <input type="checkbox"/>	Details (including availability):
28. Is there any further information you would like to share: Yes <input type="checkbox"/> No <input type="checkbox"/>	Details:

Date Completed: _____ **Completed by:** _____

Relationship to child: _____ **Contact number:** _____

Thank you for taking the time to share this information!

Prep teachers 😊