



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? | | | |

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| <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> |

| | |
|--|---|
| <p>14. Does your child participate in any sports or activities</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> | <p>Details:</p> |
| <p>15. Have there been any family changes lately e.g. just moved house, absence of parent, family illness, etc?</p> | <p>Details:</p> |
| <p>16. Does your child have any cultural or religious beliefs that we need to consider when planning the program?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> | <p>Details:</p> |
| <p>17. Does your family speak any languages other than English at home?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> | <p>Details:</p> |
| <p>18. How do you think your child will settle into Prep?</p> | |
| <p>19. Does your child borrow books or visit a library regularly?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> | <p>Details:</p> |
| <p>20. Does your child interact confidently with other children?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> | <p>Details:</p> |
| <p>21. Does your child have a preferred hand for holding a pencil or a pair of scissors?</p> | <p>Left <input type="checkbox"/> Right <input type="checkbox"/> Don't know <input type="checkbox"/></p> |

| | |
|---|--|
| <p>22. Does your child attempt to write his/her own name?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> | <p>Details:</p> |
| <p>23. Does your child recognise numbers, letters or familiar words?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> | <p>Details:</p> |
| <p>24. Which areas of development are strengths for your child e.g. physical, social, cognitive, language etc?</p> | <p>Details:</p> |
| <p>25. Which areas of your child's development or learning do you feel may need close monitoring?</p> | <p>Details:</p> |
| <p>26. What are your educational expectations for your child in Prep?</p> | <p>Details:</p> |
| <p>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?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> | <p>Details (including availability):</p> |
| <p>28. Is there any further information you would like to share:</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> | <p>Details:</p> |

Date Completed: **Completed by:**

Relationship to child: **Contact number:**

Thank you for taking the time to share this information!

Prep teachers 😊