

## Prep Parent Questionnaire

Beerburrum State School Prep Orientation and Transition Program

Please complete and return with your enrolment forms prior to the prep parent interview. Thank you.

## We welcome you to our school community.

## This information is held in confidence. Please give as much detail as you can on your child's current abilities.

Child's full name:			Preferred name:		
Child's age entering Pr	ep:	Date of Birth:			
Parent/Carer name/s:					
Occupation:					
Phone (H):		(M):	(W):		
Email:					
Student lives with:	□ mother	□ step-mother	□ grandparent(s)	□ other:	
(Check all that apply)	□ father	□ step-father	□ foster parents		
□ Shared custody arra	angement. <b>Det</b> a	ails:			
Number of children liv	ing in student's	home:	Student is number	out of	_ siblings.
Other siblings attendin	ng Beerburrum S	State School (include cur	rent grade):		

Ideas for how we can motivate your child:	Five words that describe your child and their personality are
	1.
	2.
What kinds of things upset your child?	3.
	4.
	5.

What are your three goals for your child in their Prep year?	
1.	
2.	
3.	

## The following questions will provide our staff with essential information to cater for your child's needs as they begin their educational journey at Beerburrum State School.

needs as they begin their educational jo Does your child display curiosity about the v Give an example:	5	Comments:	501001.	
In your opinion, does your child display any or talents? (language, literacy, drama, storytelling, music, dance, art, athletics, pro other)		Comment:		
Social and Emotional Development				
Does your child follow rules and instructions reminders?	s without	Not yet	Sometimes	Always
Does your child adjust easily to changes in r	outines?	Not yet	Sometimes	Always
Does your child demonstrate self-control?		Not yet	Sometimes	Always
Does your child ever act aggressively? eg: hitting, biting, yelling, temper tantrums Comment:		Never	Sometimes	Often
Does your child take care of his/her belonging	ngs?	Not yet	Sometimes	Always
Does your child tidy up when asked?		Not yet	Sometimes	Always
Can your child usually solve most everyday they arise? Comment:	problems as	Not yet	Sometimes	Always
Does your child separate easily from caregiv Comment:	vers?	Not yet	Sometimes	Always
How would you best describe your child's pl (who, what, when, where)	lay?	Comment:		
Personal information				
Personal information         Has your child ever seen or been referred to         following specialists: (tick which apply)         •       Ear, Nose and Throat Specialist         •       Speech Pathologist         •       Occupational therapist         •       Paediatrician         •       Physiotherapist         •       Psychologist         •       Hearing test         •       Vision test	o any of the	Please provide possible Comment:	details and copies o	of reports where
<ul> <li>Hearing test</li> </ul>				

Please complete the following important questions as accurately as you can to give us the best insight into your child's individual needs so that we can personalise learning and ensure an easy transition to school

Dhysical Abilities			
Physical Abilities	Netwot	Currently werking	Dessthis
Can your child dress/undress themselves	Not yet	Currently working	Does this
eg: manipulate buttons, zips, tie shoe laces?	Neturt	ON Currently undired	effectively
Can your child attend to personal hygiene	Not yet	Currently working	Does this
eg: toileting, washing/drying hands?		on	effectively
Can your child use stairs appropriately?	Not yet	Currently working	Does this
		on	effectively
Sleeping Habits	I		
Does your child have a good sleep routine?	Not yet	Currently working on	Does this effectively
Does your child have an established bedtime?	Not yet	Currently working on	Yes. It is
Does your child require an afternoon nap?	No	Sometimes	Always
Does your child tire easily?	No	Sometimes	Always
Language and Communication Skills			
Is your child's speech clearly understood by family members and others?	Not yet	Sometimes	Always
Can your child speak confidently to an adult in familiar and unfamiliar situations?	Not yet	Sometimes	Always
Can your child speak confidently to other children?	Not yet	Sometimes	Always
Can your child enter and exit a conversation using	Not yet	Sometimes	Always
appropriate manners?			
Computer/ICT Skills	Netwet	Constitutos	<b>A</b> h
Does your child have access to a computer/ICT device at home?	Not yet	Sometimes	Always
Does your child have access to the internet at home?	No		Yes
Can your child use a computer/ICT device independently?	Not yet	Sometimes	Always
Approximately how much time does your child spend on	1-2 hours	2-3 hours	More than
computers/ICT devices or watching TV each day?			3 hours
Early Literacy Skills			
How often do you read to or with your child? (Circle)	Daily	Weekly	Never
Does your child enjoy listening to stories?	Not yet	Sometimes	Always
Does your child remain attentive for the duration of a picture book reading?	Not yet	Sometimes	Always
Does your child interact during the reading?	Not yet	Sometimes	Always
ie: ask questions or make comments What types of books does your child enjoy?	Please list:		
Does your child recognise his/her own name?	Not yet	Sometimes	Always
Interests	I		
Is your child eager to play with new toys, games, books	Not yet	Sometimes	Always

Physical and Emotional Health				
Filysical and Emotional Health				
Does your child suffer from any aller	gies?	Comment:		
eg: nuts, bees, egg, chlorine, other				
How would you rate the severity of t	his allergy?			
Does your child have an action plans doctor? ( <i>If so, please provide this plans</i> <i>as a matter of urgency</i> )				
Does your child have any medical co (eg: asthma, diabetes, physical or int conditions such as autism)		Comment:		
Has your child recently experienced trauma/changed address etc?	any family	Comment:		
Prior to Prep experiences				
Please tell us about your child's pre- (Child Care, C&K centre, Family Day (				
Name of centre	Hours per week		Years attended	٦
Are there any children that your child	d does not learn we	ell with?		



Please tell us any other important information that you feel we should know about your child...

Thank you for taking the time to complete this questionnaire.

This questionnaire plays a major part in assisting us to transition your child successfully to Prep at Beerburrum State School. Please ensure you complete and submit this questionnaire, along with your completed enrolment forms, to the school office before the Orientation program begins.

All information provided will be treated with care and considered in confidence.

Completed Enrolment Form, including but not limited to:	
BSS Agreements – Enrolment, ICT, excursions	
School Media Consent Form	L Submitted to the school office
Proof of Address (refer to enrolment pack)	
Child's birth certificate (original or certified copy)	