



MARIAN STATE SCHOOL

'Tell us about your Prep Child' – 2015



Please answer the questions honestly and in as much detail as possible. The information that you provide enables us to allocate Prep children into classes and best cater for your child's educational needs.

Child's Full Name: Date of Birth:/...../.....

Mother's Name: Father's Name:

Names and ages of Siblings:

Who are the people your child lives with?

Email Contact:

Are there legal issues about your child that we should know? No Yes

Please supply details:

If due to Prep numbers it may be necessary to make a composite Prep/1 class, do you believe that your Prep child would be a suitable candidate? No Yes

Reasons.....

Please list any other general information for consideration when sorting your child into a class. (Eg. separating twins, friendships with other children.

What opportunities has your child had to socialize with other children their own age?

- Marian C&K(group) Kindy(details) Day Care Centre(details)
- Family Day Care Other Hours Attended/Week:

What is your Prep child interested in?

Do they prefer indoor / outdoor activities?

Their favourite toy/activity is:

Describe your Prep child's personality:

Describe your Prep child's behaviour:(eg. listening and following directions, compliance, how they deal with frustration, etc).....

Do you have any concerns about your Prep child's development? (eg. eyesight, hearing, speech, physical co-ordination) Please give details:

What is your Prep child's hand preference? Left Right

List any other reading, writing and maths skills:

Please turn over and complete the back of this form 😊

Can your prep child: Write their name? (yes/no) Recognise their name? (yes/no)
Count to 10? (yes/no) Recognise basic colours? (yes/no)
Recognise letters of the alphabet? (yes/no)
Details:

How regularly does your Prep child on a daily basis:

Watch TV?: Use a computer?:
Read books?: Draw/colour in?:
Participate in physical activity outside?:

Has your child been seen by any of the following specialists? If yes, please provide details.

Speech & Language Pathologist? No Yes
Occupational Therapist? No Yes
Physiotherapist? No Yes
Paediatrician? No Yes
Optometrist? No Yes
Audiologist? No Yes
Other Specialist? No Yes Please provide details:

Has your Prep child had any health issues that we need to know about? No Yes

Please provide details regarding any:

Allergies-
Operations-
Accidents-

Can your Prep child toilet themselves independently? No Yes

How will your Prep child travel to and from school?

AM..... PM.....

Do you have any concerns about your Prep child's ability to settle into school?

Signed: **Name:**

Relationship to Prep student: **Date:**/...../.....

Please see Prep teachers to discuss any issues that you have or concerns that you need to share.