



MARIAN STATE SCHOOL

'Tell us about your Prep Child' – 2021



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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
If 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Reasons:					
Please list any other general information for consideration when sorting your child into a class. (E.g. separating twins, friendships with other children).					
What opportunities has your child had to socialize with other children their own age?					
<input type="checkbox"/> Marian C&K	<input type="checkbox"/> Other Kindy	<input type="checkbox"/> Other			
<input type="checkbox"/> Petit	<input type="checkbox"/> Day Care Centre	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?	<input type="checkbox"/> Left	<input type="checkbox"/> Right			
List any other reading, writing and maths skills:					
Can your prep child:					
Write their name?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Count to 10 ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Recognise their name?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Recognise basic colours?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Recognise letters of the alphabet?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			

How regularly does your Prep child, on a daily basis (min/hr):			
Watch TV?:		Use a computer/ipad (or similar)	
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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Occupational Therapist?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Physiotherapist?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Paediatrician?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Optometrist?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Audiologist?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Other Specialist?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Has your Prep child had any health issues that we need to know about?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Please provide details regarding any:			
Allergies:			
Operations:			
Accidents:			
Can your Prep child toilet themselves independently?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
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?			
I give permission to Marian State School Leaders to liaise with my child's Kindergarten regarding social and academic information.		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Signed:		Name:	
Relationship to Prep student:			Date:

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