

Getting to know your Prep Child (Please give us as much detail as possible when completing this form)

Çhild's Name Preferred name (if different)			
Parent/s Name/s			
Gender: Please circle	Male Female	Developmental Milestones age appropriate? eg crawling, talking	Yes / No Details:
Has your child had the 4 year old check-up with a GP?	Yes / No	Is your child immunised?	Yes / No
Does your child have any allergies?	Yes / No Details:	Does your child need to be placed in the classroom with the internal toilets?	Yes / No
Does your child have any health or physical needs that we need to be aware of to support them at school?	Details;	Yes / No	
Has your child received specialist support?	Please circle:	Yes / No	
	Physiotherapy Occupational Therapy	Speech pathology Other:	Paediatrician
Did your child attend a pre-Prep group?	Yes / No Please circle: Days per week Kids College		
Does your child have any friends that will be attending Prep next year at our school?	Yes / No Please name these children to help us form class groups:		
our school? Sometimes composite classes wi Would you like your child to be a	ll need to be formed.	·	class groups: / No

What do you think your child's expectations of Prep are?		
What do you hope/expect your child to gain from his/her Prep year?		
How well does your child play with others?		
How does your child react to being away from you?		
What are your child's favourite activities or toys?		
Do you read to your child?	Yes / No	If so, what are their favourite books?
Please tell us the names and ages of any brothers and sisters.		
Do any other adults / children live with you?	Yes / No	
Does your child have pets at home?	Yes / No	Details:
Parent/s employment / hobbies / skills / interests		
Has your child experienced any major changes in their life in the past year? Eg moved house/new sibling/ separation/death of a relative or pet	Yes / No	
Is there any other information that you think will help us to understand or help your child further?		Ι