Early Childhood Education

Has your child had any experience with Home Day Care, Kindergarten or Family Care?

Days Attended	Service Type	Service Name
	☐ Pre Prep Program	
	☐ Kindergarten	
	☐ Day Care (with pre prep program)	
	☐ Day Care (without a pre prep program)	
	☐ Family Day Care	
	☐ Grandparent or other relative	
	☐ Other person eg friend/neighbour	
	☐ Playgroup Program	

Did you attend Bargara State School Playgroup? ☐ **Yes** ☐ **No**

Cultural /Religious Considerations

Does your child require any special considerations for:

☐ Food

☐ Clothing

☐ Sports Activities

Does your family celebrate the following events?

Event	Yes /No	Comment
Easter	Yes/No	
Christmas	Yes/No	
Anzac Day	Yes/No	
Birthdays	Yes/No	
Mother's Day	Yes/No	
Father's Day	Yes/No	

Gooburrum State School
Prep Student Information Form

Child's Name: | Date of Birth: ___/___/___

Mother's Name: ☐ Not primary caregiver

Father's Name: ☐ Not primary caregiver

Is your child the ☐ **youngest** ☐ **eldest** ☐ **middle** child in your family?

Who are the people your child lives with?

Have there been any recent changes in your family – new house/baby/marriage/divorce/death?

How will your child arrive at and leave Prep? ☐ **car** ☐ **bus** ☐ **walk** ☐ **bike**

Please describe other structured social experiences your child has participated in eg. Sports, dancing etc...

Would you be interested in your child working as part of a Prep/Year 1 class? ☐ **Yes** ☐ **No**

Comment-

Any further information that you would like to share?

Any information that may help us with class placement.

Thank you for your time.
We appreciate your participation.

The information you provide will help us give your child the best start to their education at Gooburrum State School.

Physical development

Was your child born at full term? ☐ **Yes** ☐ **No** If premature, how early?

Were there any complications with the birth of your child? ☐ **Yes** ☐ **No**

Has your child had any serious illnesses, operations or accidents? ☐ **Yes** ☐ No
List details-

Does your child still have a daytime rest/sleep? ☐ **Yes** ☐ **No**

Can your child toilet themselves independently? ☐ **Yes** ☐ **No**
Does your child have regular toileting accidents? ☐ **Yes** ☐ **No**

Do you have any concerns about your child's development? ☐ **Yes** ☐ **No**

Mark the areas below of concern

Eyesight ☐ **Yes** ☐ **No**

Hearing ☐ **Yes** ☐ **No**

Speech ☐ **Yes** ☐ **No**

Physical Coordination ☐ **Yes** ☐ **No**

***Specialist Services:* Has your child been seen by a**:

Speech & Language Pathologist? ☐ **No** ☐ **Yes**
Assessment Conducted Date/Diagnosis_____

Occupational Therapist? ☐ **No** ☐ **Yes**
Assessment Conducted Date/Diagnosis_____

Physiotherapist? ☐ **No** ☐ **Yes**
Assessment Conducted Date/Diagnosis_____

Paediatrician? ☐ **No** ☐ **Yes**
Assessment Conducted Date/Diagnosis_____

Optometrist? ☐ **No** ☐ **Yes**
Assessment Conducted Date/Diagnosis_____

Other Specialist? ☐ **No** ☐ **Yes**
Assessment Conducted Date/Diagnosis_____

Does your child have any allergies? ☐ **No** ☐ **Yes**

Outline Allergies-

Language Development

Besides English, are there any other languages spoken at home? ☐ **No** ☐ **Yes**
What other language is spoken?

At what age did your child start to talk?

How well does your child listen and follow instructions?
☐ Often with understanding
☐ Sometimes with clarification
☐ Experiences difficulty, repeated instructions required

Comment-

Social/Emotional Development

List any fears, phobias or sensitivities your child may have.

How does your child react when you leave them in someone else's care or a new environment?

How do you think your child will react to starting Prep?

How do you think your child will cope with five days attendance at Prep?

Does your child like to play alone or with others?

How does your child react to change, new challenges, frustration and failure?

Do you have any concerns about your child's social/emotional development?

Home activities

What are your child's favourite toys, games, books, DVDs, TV programs at the moment?