

Prep Parent Questionnaire

Thank you for choosing Bellmere State School for your child as they prepare to begin their schooling journey. We welcome this opportunity, through our enrolment and transition program, to get to know a little more about your child and share information to assist you in preparing them to begin school.

We acknowledge that children learn in various ways and bring with them many skills, abilities and interests. We take great pride in structuring opportunities for your child to quickly develop their sense of belonging and connect with our Early Years Team. A vital part of this process is the sharing of information as it assists us in making informed decisions when placing your child in a class, welcoming them to our school and supporting them to settle.

Please take the opportunity to share information through completing the following questions. If you have any further information that you would like to share with us, please attach it to this questionnaire or bring it along with you to your interview. We also ask that you consider providing us with your child's Transition Statement either as a copy provided by your Kindergarten provider or by granting permission for them to share this information with us.

We look forward to meeting you at one of our Parent information sessions.

Student's Full Name:	Date of birth: ____ / ____ / ____
Parent's/Carer's Names:	
Other significant adults:	
Custody/ Guardianship information:	
Is your child the <input type="checkbox"/> youngest <input type="checkbox"/> eldest <input type="checkbox"/> middle <input type="checkbox"/> only child in your family?	
Names and year levels of siblings:	
Who are the people your child lives with? e.g. parents, grandparents, siblings, aunt and uncle	
Have there been recent changes in your family? e.g. recent move, new house, baby, marriage, divorce, loss of a relative	
How will your child usually travel to and from school? <input type="checkbox"/> car <input type="checkbox"/> bus <input type="checkbox"/> walk <input type="checkbox"/> bike	
Has your child participated in a Queensland Government – approved Kindergarten program? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, which Centre? <input type="checkbox"/> Bellmere Early Learning Centre <input type="checkbox"/> Busy Bees Bellmere <input type="checkbox"/> C & K Apex Park/ Caboolture <input type="checkbox"/> Happy Hearts Child Care <input type="checkbox"/> Other – please state _____	
How many <u>days per week</u> has your child attended? _____	
If your child attended a Kindergarten program, please complete the permission below allowing us to contact your child's centre to gather information to support their transition to schooling	
Parental Permission	
I hereby give permission for Bellmere State School Staff to liaise with my child's Pre-Prep provider to gather information which will inform class placements and assist in planning for a smooth transition to schooling.	
Parents Name: _____	
Parent/Carers Signature: _____	

PHYSICAL DEVELOPMENTWas your child born at full term? Yes No If premature, how early?

Did your child have a normal or difficult birth?

At what age did your child crawl?

Walk?

Has your child had any serious illnesses, operations or accidents? No Yes (please provide details)Does your child have any allergies? No Yes (please provide details)Does your child still have a daytime rest/sleep? Yes NoCan your child toilet themselves? Yes No

Do you have any concerns about your child's development? Please provide details if applicable

Eyesight Yes No**Hearing** Yes No**Speech** Yes No**Physical Co-ordination** Yes No**Four-year-old health checks:** Any arising issues?**LANGUAGE DEVELOPMENT**

If not English, what is the main language spoken at home?

At what age did your child start to talk?

How well does your child listen to and follow instructions?

Can they generally follow a 1 step 2 step 3 step instruction?Can your child recognise their own name when spoken? Yes NoCan your child recognise their own name when written? Yes No Write their own name? Yes NoCan your child verbally identify most colours some colours favourite colour/s only?**MOTOR SKILL DEVELOPMENT**Does your child tend to favour their left hand right hand?Does your child independently and confidently use a knife fork and/or spoon?Can your child use scissors? Yes No Use a glue stick? Yes NoDoes your child willingly attempt to draw or write using pencils, pens or crayons? Yes No**SOCIAL AND EMOTIONAL DEVELOPMENT**

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

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

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

 Day Care Centre Family Day Care Kindergarten OtherDoes your child like to play alone or with others?

How does your child react to change, challenges, frustration and/or limited success?

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

HOME ACTIVITIES

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

How often does your child....?

- Watch TV/ movies Sometimes Regularly Most of the time
- Read books or is read to..... Sometimes Regularly Most of the time
- Draw or colour in Sometimes Regularly Most of the time
- Use scissors/glue for craft Sometimes Regularly Most of the time
- Engages in physical activities outside..... Sometimes Regularly Most of the time
- Help out around the house..... Sometimes Regularly Most of the time

What 'out of school' activities do your child participate in, e.g., little athletics, swimming etc.?

What sort of technology (e.g., computer, iPad etc) does your child use at home? How often?

SPECIALIST SERVICES

Has your child been seen by a	Yes	No	Please provide relevant details:
Speech Language Pathologist?			
Occupational Therapist?			
Physiotherapist?			
Paediatrician?			
Audiologist?			
Optometrist?			
Specialist not listed above?			

CULTURAL CONSIDERATIONS

Does your child require any special considerations for	Please provide relevant details:
<input type="checkbox"/> food <input type="checkbox"/> celebrations <input type="checkbox"/> Clothing <input type="checkbox"/> sports activities <input type="checkbox"/> Other	

Please take a moment to share what you would like to see your child achieve in their first year at school.

Please take a moment to share how we might be able to support both you and your child transition to school

***Thank you for taking the time to fill out this questionnaire.
Please return it to the office with your completed enrolment forms.***

OFFICE USE

Date of enrolment interview: Date: _____ Time: _____	Commencement year:
Details entered into spreadsheet: <input type="checkbox"/> Yes <input type="checkbox"/> No	Copy provided to class teacher: <input type="checkbox"/> Yes <input type="checkbox"/> No