

Beerwah State School Prep Additional Student Information Form

Child's Name _____

Is your child left handed or right handed? _____

Names and ages of other children in family not at Beerwah State School: _____

Any information on family changes recently (e.g. moved house, absence of parent, family illness etc.): _____

What arrangements have you made for bringing and collecting your child from school? _____

How do you think your child will settle into school? _____

What do you see as the value of the Early Years of Learning for your child? _____

What are your hopes for your child in the Prep year? _____

Physical Health and Development:

Do any areas of your child's development concern you (e.g. late milestones, difficult pregnancy or birth, fears, security toys or habits - thumb sucking, blanket)? _____

Does your child have a special diet, specific food allergies or intolerances? _____

Please note any difficulties with:

Sleep Patterns _____

Movement _____

Speech/Language _____

Hearing _____

Vision _____

Appetite _____

Allergies _____

Toileting _____

Behaviour _____

Fears _____

Any Operations _____

Hospitalisation _____

What assistance has been provided to date for this difficulty? _____

Does your child have a daytime sleep? Yes/No _____ If yes, how long? _____

Social Experiences:

Does your child prefer to be: Alone _____ With Children _____ With Adults _____

Comment on your child's ability to work and play with other children: _____

What if there is conflict? _____

What, in your opinion, does your child do well (strengths)? _____

List areas of play/learning that your child is interested in: _____

Does your child participate in any out-of-school activity (e.g. soccer, pottery, drama, dance, music)? _____

Is your child interested in: Books _____
Writing / Drawing _____
Working with Numbers _____

What does your child prefer - indoors or outdoors? What kind of tasks? _____

Does your child have any experience with computers? _____

Building Partnerships:

Is there any information on your family's cultural background, languages other than English spoken at home, religious beliefs etc. we need to consider in the program? _____

Do you have any skills or hobbies that you are willing to share with us? _____

Which days of the week do you work? _____
If you are available to help in the classroom, which days and times would suit you best? _____

Are you interested in attending the following functions:

School Social Functions Yes / No Parent Workshops Yes / No Prep Discussion Meetings Yes / No

Is there any further information you would like to share? _____

Parent/Caregiver Signature: _____ Date: _____

Thank you for your time. We appreciate your participation. The information that you provide will help us to get to know your child better and will enable us to plan for his/her individual needs.