**Pacific Pines Primary School**

Preparatory Year Initial Interview Form

The information you provide on this form will help us to get to know your child better and will enable us to plan for his/her individual needs. Please comment in the spaces provided.

*Child’s Name: ……………………………………………………………………….. Date of Birth: ……………………………..….…………*

*Preferred Name: …………………………………………….………… Child’s place in family: …………………………………………..…*

***The following information will help us cater for your child’s needs in Prep in 2023:***

1. Does your child attend (or attended) any form of childcare? If so please state which one below:

attended a local or community kindergarten?

attended a pre-prep provider such as Daycare

been cared for solely in the home environment

currently attends or has attended an SEDU

other …………………………………………………………………………………….………………………………….………….

Hours per week……………………………….... Years attended …………………………………………

Which Childcare/Daycare Centre? ……………………………………………………………………………………………………...

Names of friends from the Daycare Centre? ……………………………………………………………………………………………

2. Does your family speak a language other than English at home? Yes / No

If so, which language? ……………………………………………………………………………………….

3. Does your family have any cultural or religious practices which may impact on the Prep programme? Yes / No

4. Please indicate if your child’s 4year old health checks have been completed. Yes / No

Were there any concerns raised? Yes / No

***Personal Information:***

5. Does your child have any allergies (food, insects, medications, etc?) Yes / No

If so, what are they? …………………………………………………………………………………………..

6. Does your child have any intellectual or physical impairment: Yes / No

7. Does your child have a speech delay? Yes / No

8. Does your child attend a speech therapist? Yes / No

9. Do you access any other community services (eg nurse/DAT)? Yes / No

……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

10. Do any areas of your child’s development concern you? (E.g. late milestones,

Difficult pregnancy or birth, fears, security toys or habits such as thumb sucking?)

Comments:

……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

***Physical Health and Well Being:***

11. Can you child attend to personal hygiene (eg toilet, washing/drying hands)? Yes / No

12. Is your child self-managed? (Eating lunch, responsible for own belongings, capable Yes / No

of making his/her needs known)

13. Does your child take a rest in the afternoons? Yes / No

***Social and Emotional Development***

14. Does your child follow rules and instructions without reminders? Yes / No

15. Does your child adjust easily to changes in routines? Yes / No

16. Does your child demonstrate self-control? Yes / No

17. Does your child ever act aggressively eg hitting, biting, yelling? Yes / No

18. Can your child solve most everyday problems as they arise? Yes / No

19. Does your child have any separation issues? Yes / No

20. How do you think your child will settle into Prep?

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…………………………………………………………………………………………………………………………………………….

***Language and Cognitive Skills***

21. Is your child’s speech clearly understood? Yes / No

22. Can your child speak confidently to an adult/child? Yes / No

23. Does your child have access to a computer/internet? Yes / No

24. Can your child use a computer/iPad/tablet independently? Yes / No

25. Does your child recognise his/her name? Yes / No

26. Does your child enjoy listening to stories? Yes / No

27. Will your child remain attentive while being read to? Yes / No

28. What types of books does your child enjoy?

……………………………………………………………………………………………………………………………………………

29. Please list areas /learning that your child is interested in?

……………………………………………………………………………………………………………………………………………… ………………………………………………………………………………………………………………………………………………

30. Is your child: Right handed Left handed Undecided

***General***

31. As part of our Partnerships program, we involve parents in the Prep classroom.

Will you be available to participate in our parent roster? Yes / No

32. Will your child be attending the Prep Orientation Session in Term 4? Yes / No

Comments:

………………………………………………………………………………………………………………………………… …………………………………………………………………………………………………………………………………

***Drop Off and Pick Up arrangements for your child:***

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

…………………………………………………………………………………………………………………………………………………

***Thank you for taking the time to complete this form.***