



STUDENT INFORMATION FOR THE CLASS TEACHER

CHILD'S NAME: _____ GENDER: MALE FEMALE
 BIRTH DATE: _____ AGE: _____
 MOTHER'S NAME: _____ FATHER'S NAME: _____
 ENROLLING PERSON'S NAME & RELATIONSHIP (ONLY IF NOT PARENT): _____

A WORD TO PARENTS: Your answers to these questions can help us understand your child. It will allow us to cater for them and better support them if they experience difficulties.

Father's Occupation: _____

Mother's Occupation: _____

How many siblings in the family? _____

Are there any recent life events that have occurred in your family?

Move New Sibling Separation Divorce Other:.....

Is your child a member of? (check one only)

Two Parent Family Single Parent Family Step or Remarried Family

Did your child attend an Early Years or Day Care Centre? Yes No

What was the name of the centre? _____

If Yes, the program was: Fulltime (at least 6 hours per day, 5 days per week)

Part-time (less than 6 hours per day or not every day)

C & K

Childcare Centre

Family Day care / Nanny

Grandparent / Relative

Other

MILESTONES

The following statements describe possible problems that your child may have. Read each statement carefully and check those statements that describe your child.

Walking

Before 12 months

12-18 months

18 months – 2 years

Talking

Before 12 months 18 months – 2 Years 6 months

2 Years 6 months – 3 years

After 3 years

The following statements describe possible problems that your child may have. Read each statement carefully and tick those statements that describe your child.

Health problem

Clumsy – walks and runs poorly: stumbles and falls

Growth, height or weight problems

Awkward in doing things with his/her hands

Eating problems – eats poorly or too much

Immature – acts much younger than age

Bowel and bladder problems, toilet training

Dependent and clingy

Sleep problems

Passive – seldom shows initiative

Aches and pains – ears, stomach, head

Disobedient – has trouble following instructions

Energy Levels – regularly appears tired and sluggish

Temper tantrums

Seems to have trouble seeing

Overly aggressive

Seems to have trouble hearing

Can't sit still – hyperactive

Does not pay attention – poor listener

Timid, fearful or worries a lot

Does not talk well for age

Seldom plays with other children

Speech is difficult to understand

Other

Does not seem to understand basic instruction

Separation Anxiety

.....

Has your child been immunised? Yes No

Has your child seen the following in the last two years?

Pediatrician Yes No Child Psychologist Yes No Speech Language Pathologist Yes No Occupational Therapist Yes No

Physiotherapist Yes No

If Yes, please provide some detail.

How would you describe your child?

Any special emotional upsets or fears?

What are your child's special interests?

What area(s) does your child excel?

What area(s) does your child need support?

Please use the following code in responding to the following statements:

S – Satisfactory **N** – Needs Help **NR** – Not Ready

Self Help Skills	Code	Social Skills	Code
Independent Dressing		Cooperative attitude towards other children	
Independent Toileting		Cooperative attitude towards adults	
Takes care of possession's		Works well in small groups	
		Exhibits self-control (tantrums, crying, screaming)	
Work Skills		Listening and Speaking	
Shows interest in learning		Enjoys listening to stories	
Can focus on tasks		Listens to and follows directions	
		Uses speech clearly and distinctly	
Gross Motor Skills		Fine Motor Skills	
Hopping on one foot		Can use scissors	
Skipping		Can write name independently	
Walks up & down stairs		Can use glue appropriately	
		Can write some letters and numbers	
		Can hold a pencil or crayon correctly	

Please respond **YES** or **No** to the following statements:

Can Count to 10	Yes	No
Can say the alphabet	Yes	No
Recognises the alphabet	Yes	No
Recognises the colours	Yes	No

Recognises his/her name	Yes	No
Has an interest in books	Yes	No
Can read	Yes	No
Listens to stories	Yes	No

In your opinion, is your child ready for a full day, focused, well balanced, yet academic Prep Program? Yes No

We would also like to ask you some questions about your family's home literacy activities.

How often do you, or other members of your family, read to your child? (please circle your answer)	<i>At bedtime:</i> more often / daily / weekly / less often / never
	Other times: more often / daily / weekly / less often / never
How often does your child ask to be read to?	more often / daily / weekly / less often / never
Please circle the number you think best describes your child's situation	My child goes to the library: Once a week <input type="checkbox"/> once a fortnight <input type="checkbox"/> several times a month <input type="checkbox"/>
Please estimate the number of children's books that are available in your household	<input type="checkbox"/> none <input type="checkbox"/> less than ten <input type="checkbox"/> More than I can count
How old was your child when you started reading picture books to him or her?	Please estimate age.....
How often do you engage in the following activities?	<i>I teach my child how to write words:</i> more often / daily / weekly / less often / never
	<i>I teach my child how to read words:</i> more often / daily / weekly / less often / never
	I teach my child how to speak our home language: more often / daily / weekly / less often / never
	I teach my child how to speak English: more often / daily / weekly / less often / never