



# COOLUM STATE SCHOOL

*Community \* Strength \* Success*

## PARENT QUESTIONNAIRE – PREP

Thank you for enrolling your child at Coolum State School. We take the responsibility of educating your child very seriously and recognise that they have had the opportunity to learn in many other environments and bring with them many skills, abilities and interests.

We wish to provide you as parents, every opportunity to share information with us that will support your child's successful transition into Prep with us. This information will help us to make informed decisions when placing your child in a class, welcoming them to our school and supporting them to settle in.

Please take the time to complete the following information/questions. If there is additional information that you would like to provide, please attach it to this questionnaire.

Your child's Transition Statement from their Kindergarten provider is another way of supporting your child's successful transition.

### STUDENT INFORMATION

Student Name: \_\_\_\_\_

How will your child usually travel to and from school?

- Car
- Bus
- Walk
- Bicycle
- OSHC (Before or after school care)

### PRE-PREP INFORMATION

Has your child attended a Kindergarten or Childcare centre prior to coming to Prep? YES / NO

Name of Centre: \_\_\_\_\_

Group: (if applicable) \_\_\_\_\_

Frequency of attendance: \_\_\_\_\_

If your child attended a Kindergarten/Childcare program, please complete the permission below allowing us to gather information to support us in placing your child and planning for a smooth transition to formal schooling:

#### Parental Permission

I hereby give permission for Coolum School to liaise with my child's pre-Prep provider to gather information to support my child's placement and assist in planning for a smooth transition to schooling.

Parent / Carer's Name: \_\_\_\_\_

Parent / Carer's Signature: \_\_\_\_\_

## PHYSICAL DEVELOPMENT

Was your child born full term ? YES / NO If premature, how early?

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)

Can your child toilet themselves? YES / NO

Has your child had their "Four Year Old" health check with their GP? YES / NO

Were there any arising issues? NO / YES (please provide details)

## SPECIALIST SERVICES

Has your child had access to any of the following:

	YES	NO	Date	Details:
Speech Language Pathologist				
Occupational Therapist				
Physiotherapist				
Paediatrician				
Optometrist				
Audiologist				
Other:				

## SOCIAL & EMOTIONAL DEVELOPMENT

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

Does your child like to play alone or with others?

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

What are your child's interests? e.g. sport/hobbies

## CULTURAL CONSIDERATIONS

Does your child require any special considerations for:

- Food
- Celebrations
- Clothing
- Sporting Activities
- Other: provide details

**Any further information you wish to tell us:**

*Please attach additional information if required*