



COOLUM STATE SCHOOL

Parent Questionnaire - Prep 2018

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 at Coolum School. 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.

Providing your child's Transition Statement from their Kindergarten provider is also encouraged.

FAMILY INFORMATION

Student Name:

Date of Birth:

Mother's Name:

Father's Name

Who are the people your child lives with?

Living arrangements / Custody details (if applicable):

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:

Frequency of attendance:

I have attached a copy of my child's Kindergarten Transition Statement.

- Yes
- No

If your child attended a Kindergarten 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 health concerns e.g. 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	Approx. Date	Details:
Speech Language Pathologist				
Occupational Therapist				
Physiotherapist				
Paediatrician				
Psychologist				
Optometrist (Vision test)				
Audiologist (Hearing test)				
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?

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: