

Maleny State School Prep Parent Questionnaire

Child's Name:

Date of Birth:

___/___/___

Mother's Name:

Father's Name:

• Is your child the youngest eldest middle child in your family?

• Who are the people your child lives with?

• Have there been any recent changes in your family – new house / baby / marriage / divorce / death?

• How will your child arrive at and leave Prep? car bus walk bike

Physical development

Was your child born at full term? Yes No If premature, how early?

Did your child have a normal/difficult birth? Yes No

At what age did your child crawl?

Walk?

Has your child had any serious illnesses, operations or accidents? No Yes,

Does your child still have a daytime rest/sleep? Yes No

Can your child toilet themselves? Yes No

Do you have any concerns about your child's development? Please give details.

Eyesight Yes No

Hearing Yes No

Speech Yes No

Physical Coordination Yes No

Does your child have any allergies? No Yes,

Language Development

If not English, what is the main language spoken at home?

At what age did your child start to talk?

How well does your child listen and follow instructions?

Social/Emotional Development

How does your child react when you leave them in someone else's care?

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

How do you think your child will cope with five days attendance at Prep?

What opportunities has your child had to socialize with other children their own age?

Day Care

Family Day Care

Kindergarten

Other

Does your child like to play alone or with others?

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

Do you have any concerns about your child's social/emotional development?

Home activities

What are your child's favourite toys, games, books, DVD's, TV. programs at the moment?

How regularly does your child ...?

Watch TV

Use a computer

Read books

Draw/Colour in

Participate in physical activity outside?

Cultural Considerations

Does your child require any special considerations for:

Food

Clothing

Celebrations

Sports Activities

Specialist Services: Has your child been seen by a:

Speech & Language Pathologist? Yes No

Occupational Therapist? Yes No

Physiotherapist? Yes No

Paediatrician? Yes No

Optometrist? Yes No

Audiologist? Yes No

Other Specialist? No Yes Details:

What are your expectations of Prep?

Thank you for taking the time to fill out the questionnaire.