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?		
Are both parents Emergency Contacts?		
Are both parents to receive Correspondence?		
Have there been any recent changes in your family – new house / baby / marriage / divorce / death?		
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 □Y	es □No
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?		

• What opportunities has your child had to socialize with other children their own age? Did they attend: □ Day Care □ Family Day Care □ Kindergarten □ Playgroup □Other		
How often did they attend?		
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? 		
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		
o Physiotherapist? □Yes □No		
o Paediatrician? □Yes □No		
o Optometrist? □Yes □No		
o 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.