Maleny State School 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 or □ difficult birth?	
At what age did your child crawl?	Walk?
Has your child had any serious illnesses, operations or accidents? □ 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? □ Yes □ No If Yes what is the Allergen:	
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 do you think your child will react to starting a new school?	

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
Specialists Services: Has your child been seen by a:
□ **Speech & Language Pathologist**
□ **Occupational Therapist**
□ **Physiotherapist**
□ **Paediatrician**
□ **Optometrist**
□ **Audiologist**
□ **Other Specialist**
□ **Has your child received Learning Support in the past?**
How does your child perform academically? **Maths - □ Below** **English - □ Below** **□ Average** **□ Average** **□ Above** **□ Above**
What are your child's main strengths?
Other information concerning your child we should know…..

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