



Dear Prep Parents/Caregivers

As your child's Prep Team – We would like to know as much as we can about your child.

You have so much information which can help us make your child's start to the year a success. Important things such as family information, culture, interests, milestones, etc, can help us to get to know your child and make their start to Prep a rewarding and enjoyable one.

For this reason, at Kuluin, **we ask that all Prep Parents complete the attached Prep Enrolment Questionnaire.**

All children are at different points in their learning journey. Completing this questionnaire gives us really important information which can help me tailor learning experiences for your child. This information will then be added to our records at school.

Please complete and return the completed questionnaire by Friday 22 October.

If you are happy to share reports from other agencies (Speech Therapists, Paediatricians, etc) please provide a copy for us.

If you are uncomfortable answering any particular question because of sensitive information – please feel free to talk to us directly about your concerns.

Yours Sincerely

Kelly Ayres
Deputy Principal (P-2)

Prep Teachers

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PREP ENROLMENT QUESTIONNAIRE

CHILD INFORMATION

Child's Name: _____ Preferred Name: _____ D.O.B: ___/___/_____

Parents'/Carers' Names: _____

Names and ages of siblings in the family:

| Sibling name | Current Age | Comments (e.g. attends Kindy, MSHS etc.) |
|--------------|-------------|--|
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| | | |

Any information on recent family changes or in the past? e.g. just moved house, absence of parent, separation, family illness etc. (if yes, please detail)

No Yes _____

Does your child have any medical conditions, special diet, specific food allergies or intolerances?

No Yes _____

Has your child attended a Kindy or Child-Care/Family Day Care prior to commencement at The Kuluin School?

No Yes

Full time (at least six hours a day, 5 days a week)

Part time (less than six hours a day, or not every day). How many days/ week? _____

What type of care facility? If so which one? _____

Who will be collecting your child from Prep? _____

Friends my child knows coming to Kuluin? _____

CULTURE AND RELIGION

Is there any information on your family's cultural background, languages other than English spoken at home, religious beliefs etc. we need to consider in the program?

No Yes _____

INTERESTS

List areas of play/learning that your child is interested in:

Does your child participate in out of school activities e.g. soccer, pottery, drama, dance, music, swimming?

MILESTONES

Are you concerned about any aspect of your child’s development &/or wellbeing? Please state.

SUPPORT, INTERVENTION AND TESTING

Has your child had any of the following assessments/support?

- Hearing Assessment No Yes: at what age _____ Comment _____
- Vision Assessment No Yes: at what age _____ Comment _____
- Speech Language Pathology No Yes: at what age _____ Comment _____
- Occupational Therapy No Yes: at what age _____ Comment _____
- Developmental Assessment Team No Yes: at what age _____ Comment _____
- Psychologist No Yes: at what age _____ Comment _____
- Paediatrician No Yes: at what age _____ Comment _____

Other: _____

What assistance has been provided for any of the above? (Please provide any reports you may have)

SOCIAL & EMOTIONAL

| | | | |
|---|---|--|---|
| Socialises with family and friends in an appropriate manner | Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes <input type="checkbox"/> | Stays in own garden/playground area (does not leave designated area) | Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes <input type="checkbox"/> |
|---|---|--|---|

Is there anything else you would like to share with us?

Parent/Carer’s Name

Teacher’s Name

Parent/Carer’s Signature

Teacher’s Signature

Date