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Please complete and return with your enrolment forms prior to the prep parent interview. Thank you.

2020 Prep Parent Questionnaire

Bli Bli State School Prep Orientation and Transition Program

# We welcome you to our school community.

## This information is held in confidence. Please give as much detail as you can on your child’s current abilities.

Child’s full name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Preferred name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s age entering Prep: \_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Carer name/s: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone (H):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (M): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (W): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student lives with:** 🞎 mother 🞎 step-mother 🞎 grandparent(s) 🞎 other:

*(Check all that apply)* 🞎 father 🞎 step-father 🞎 foster parents \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🞎 Shared custody arrangement. **Details:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of children living in student’s home: \_\_\_\_\_\_\_\_\_\_\_ Student is number \_\_\_\_\_\_ out of \_\_\_\_\_ siblings.

Other siblings attending Bli Bli State School (include current grade):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- |
| Ideas for how we can motivate your child: |  | Five words that describe your child and their personality are …  1.  2.  3.  4.  5. |
|  |  |
| What kinds of things upset your child? |  |

|  |
| --- |
| What are your three goals for your child in their Prep year?  1.  2.  3. |

### The following questions will provide our staff with essential information to cater for your child’s needs as they begin their educational journey at Bli Bli State School.

|  |  |  |  |
| --- | --- | --- | --- |
| Does your child display curiosity about the world?  Give an example: | Comments: | | |
| In your opinion, does your child display any special skills or talents? (language, literacy, drama,  storytelling, music, dance, art, athletics, problem solving, other) | Comment: | | |
| ***Social and Emotional Development*** | | | |
| Does your child follow rules and instructions without reminders? | Not yet | Sometimes | Always |
| Does your child adjust easily to changes in routines? | Not yet | Sometimes | Always |
| Does your child demonstrate self-control? | Not yet | Sometimes | Always |
| Does your child ever act aggressively?  eg: hitting, biting, yelling, temper tantrums  Comment: | Never | Sometimes | Often |
| Does your child take care of his/her belongings? | Not yet | Sometimes | Always |
| Does your child tidy up when asked? | Not yet | Sometimes | Always |
| Can your child usually solve most everyday problems as they arise?  Comment: | Not yet | Sometimes | Always |
| Does your child separate easily from caregivers?  Comment: | Not yet | Sometimes | Always |
| How would you best describe your child’s play?  (who, what, when, where) | Comment: | | |
| ***Personal information*** | | | |
| Has your child ever seen or been referred to any of the following specialists: (tick which apply)   * Ear, Nose and Throat Specialist * Speech Pathologist * Occupational therapist * Paediatrician * Physiotherapist * Psychologist * Hearing test * Vision test * Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | ***Please provide details and copies of reports where possible***  Comment: | | |

### Please complete the following important questions as accurately as you can to give us the best insight into your child’s individual needs so that we can personalise learning and ensure an easy transition to school

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***Physical Abilities*** | | | | |
| Can your child dress/undress themselves  eg: manipulate buttons, zips, tie shoe laces? | Not yet | Currently working on | | Does this  effectively |
| Can your child attend to personal hygiene  eg: toileting, washing/drying hands? | Not yet | Currently working on | | Does this  effectively |
| Can your child use stairs appropriately? | Not yet | Currently working on | | Does this  effectively |
| ***Sleeping Habits*** | | | | |
| Does your child have a good sleep routine? | Not yet | Currently working on | | Does this  effectively |
| Does your child have an established bedtime? | Not yet | Currently working on | | Yes.  It is \_\_\_\_\_\_ |
| Does your child require an afternoon nap? | No | Sometimes | | Always |
| Does your child tire easily? | No | Sometimes | | Always |
| ***Language and Communication Skills*** | | | | |
| Is your child’s speech clearly understood by family members and others? | Not yet | Sometimes | | Always |
| Can your child speak confidently to an adult in familiar and unfamiliar situations? | Not yet | Sometimes | | Always |
| Can your child speak confidently to other children? | Not yet | Sometimes | | Always |
| Can your child enter and exit a conversation using appropriate manners? | Not yet | Sometimes | | Always |
| ***Computer/ICT Skills*** | | | | |
| Does your child have access to a computer/ICT device at home? | Not yet | Sometimes | | Always |
| Does your child have access to the internet at home? | No | | Yes | |
| Can your child use a computer/ICT device independently? | Not yet | Sometimes | | Always |
| Approximately how much time does your child spend on computers/ICT devices or watching TV each day? | 1-2 hours | 2-3 hours | | More than  3 hours |
| ***Early Literacy Skills*** | | | | |
| How often do you read to or with your child? (Circle) | Daily | Weekly | | Never |
| Does your child enjoy listening to stories? | Not yet | Sometimes | | Always |
| Does your child remain attentive for the duration of a picture book reading? | Not yet | Sometimes | | Always |
| Does your child interact during the reading?  ie: ask questions or make comments | Not yet | Sometimes | | Always |
| What types of books does your child enjoy? | Please list: | | | |
| Does your child recognise his/her own name? | Not yet | Sometimes | | Always |
| ***Interests*** | | | | |
| Is your child eager to play with new toys, games, books etc.? | Not yet | Sometimes | | Always |

|  |  |
| --- | --- |
| ***Physical and Emotional Health*** | |
| Does your child suffer from any allergies?  eg: nuts, bees, egg, chlorine, other | Comment: |
| How would you rate the severity of this allergy? |
| Does your child have an action plan signed by a doctor? (***If so, please provide this plan to the school as a matter of urgency)*** |
| Does your child have any medical conditions  (eg: asthma, diabetes, physical or intellectual conditions such as autism) | Comment: |
| Has your child recently experienced any family trauma/changed address etc? | Comment: |
| ***Prior to Prep experiences*** | |
| Please tell us about your child’s pre-school experiences:  (Child Care, C&K centre, Family Day Care, Family carers etc.)   |  |  |  | | --- | --- | --- | | ***Name of centre*** | ***Hours per week*** | ***Years attended*** | |  |  |  | | |
| Are there any children that your child does not learn well with?  How confident are you that your child is ready for Prep? **Please comment:** | |



|  |
| --- |
| ***Any other information*** |
| Please tell us any other important information that you feel we should know about your child… |

#### Thank you for taking the time to complete this http://familyreunionhelper.com/blog/wp-content/uploads/2011/02/clip_image008_thumb2.jpgquestionnaire.

#### This questionnaire plays a major part in assisting us to transition your child successfully to Prep at Bli Bli State School. Please ensure you complete and submit this questionnaire, along with your completed enrolment forms, to the school office before the Orientation program begins.

#### **All information provided will be treated with care and considered in confidence.**

**A quick check list: What I need to enrol at Bli Bli State School**

* Completed Enrolment Form, including:
  + BBSS Agreements – Enrolment, ICT, excursions
* Submitted to the school office
  + School Media Consent Form
  + Proof of Address (refer to enrolment pack)
* Child’s birth certificate (original or certified copy)
* This completed questionnaire