

Port Douglas 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 or difficult birth?

At what age did your child crawl?

Walk?

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

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? Yes No
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, please give details.

Language Development

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

At what age did your child start to talk? Single words Sentences

How well does your child listen and follow instructions?

Social/Emotional Development

Is your child able to resolve conflict with another child in a non-physical way? Yes No

Does your child show an interest in learning literacy and numeracy?
 Yes No

How do you think your child will react to attending Prep for five days each week?

What opportunities has your child had to socialise 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, DVDs, 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 Yes No

Clothing Yes No

Celebrations Yes No

Sports Activities Yes No

Specialist Services

Has your child been seen by a:

Speech and language pathologist Yes No Date of last visit: _____

Occupational therapist Yes No Date of last visit: _____

Physiotherapist Yes No Date of last visit: _____

Paediatrician Yes No Date of last visit: _____

Optometrist Yes No Date of last visit: _____

Audiologist Yes No Date of last visit: _____

Other specialist Yes No Date of last visit: _____

Please provide details

What are your expectations of Prep?

Thank you for taking time to complete this questionnaire.