



# Help us get to know your child

Child's Surname: \_\_\_\_\_ M/F: \_\_\_\_\_

Child's Christian name: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent/Guardian names: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

## Please provide the following information to assist us in planning for the needs of your child:

Preschool Setting Attended (childcare, Kindergarten, Occasional Care, etc)

\_\_\_\_\_ Group: \_\_\_\_\_

Do you have any particular concerns about your child's transition to school?

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

Please indicate children that would be part of your child's social group. (We will make every attempt to place your child with at least one friend.)

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

Is there any further information you would like us to know about your child? e.g. (allergies, medical conditions, learning difficulties, etc.)

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

Does the student speak a language other than English? (please specify) \_\_\_\_\_

Main language spoken at home: \_\_\_\_\_

Please give a brief description where follow up is required or further treatment/assessments are necessary.....

Has your child had?:

A vision test                      Yes                       No                       Year tested.....

A hearing test                      Yes                       No                       Year tested.....

Has your child attended?:

Speech Therapy                      Yes                       No                       Year tested.....

Physiotherapy                      Yes                       No                       Year tested.....

Occupational Therapy                      Yes                       No                       Year tested.....

Paediatrician                      Yes                       No                       Year tested.....

Please give a brief description where follow up is required or further treatment/assessments are necessary.....

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Recognises their name when written. Yes/No

Writes their own name. Yes/No

Recognises most/ some/ no letters of the alphabet.

Writes most/ some/ no letters of the alphabet.

Can name most colours. Yes/No

Can name basic shapes . Yes/No

Understands positional language . In front / behind / beside / before / after / over/ under

Has a preferred hand . Yes/No *If yes right/left*

Is able to use scissors. Yes/No

Is familiar with using a computer keyboard. Yes/No *ipad or tablet Yes/No*

Three favourite activities at kinder,childcare  
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Can read some words. Yes/No

Can read some simple books. Yes/No

Enjoys listening to stories. Yes/No

Enjoys imaginative play. Yes/No

Enjoys active and outdoor play. Yes/No

Is able to separate easily from carers. not yet/ sometimes/usually

Knows some other children who will be coming to school. Yes/No  
*If yes (names).....*

Any other information you think your child's teacher should know:  
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.....  
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