



PREP ADDITIONAL INFORMATION FORM

The following information will be shared with your child's Class Teacher in order to help us to be well informed for their commencement at school, help establish a relationship with them and also to ensure we plan to support them based on the information provided.

| | | | |
|---------------------------|--|-------------|-----|
| Student Name: | | DOB: | / / |
| Parent/Carer Name: | | | |

1. In addition to the information provided in the Enrolment Form:

| | | |
|---|------------------------------|-----------------------------|
| a) Medical / Health Plans – Asthma, Anaphylactic, Epileptic, Mental Health | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|---|------------------------------|-----------------------------|

Please list any of these plans and attach to this form

2. Has your child had the following:

| | | | | | |
|--|------------------------------|-----------------------------|-------|------------------------------|-----------------------------|
| a) Hearing Check | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Date: | Result: | |
| b) Vision Check | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Date: | Result: | |
| c) Qld Health 4 Yr Old Check up | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Date: | Result: | |
| d) Has your child had an appointment with a specialist or on a wait list to see a specialist. eg: Speech Therapy, Occupational Therapy? | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <ul style="list-style-type: none"> If yes to 2d, please list any of these specialists. | | | | | |
| <ul style="list-style-type: none"> If yes to 2d, has the specialist provided a diagnosis that may impact on your child's classroom success or which may require modifications in the classroom? ie: ADHD, ASD, Anxiety, Oppositional Deficient Disorder | | | | | |

3. Child Care, Play Group and Family Day Care Participation

| | | | | |
|---|------------------------------|-----------------------------|------------------------------|-----------------------------|
| a) Has your child attended an approved Kindergarten Program in an Early Childcare Centre? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | |
| <ul style="list-style-type: none"> If yes, please list the Child Care Service attended and postcode: From what age did your child attend? How many days a week did they attend? How many hours per week did they attend | | | | |
| b) Has your child attended a playgroup? | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <ul style="list-style-type: none"> If yes to 3b, how often did they attend playground and for what period of time | | | | |
| Has your child participated in Family Day Care? | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <ul style="list-style-type: none"> If yes please specify the period of time your child was involved: | | | | |

Tell us about your child

| | | | |
|---|------------------------------------|-------------------------------------|---------------------------------|
| Does your child separate from you easily? | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Most Times | <input type="checkbox"/> Always |
| Does your child enjoy being independent? | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Most Times | <input type="checkbox"/> Always |
| Does your child toilet independently? | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Most Times | <input type="checkbox"/> Always |
| Does your child enjoy interacting/playing with other children? | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Most Times | <input type="checkbox"/> Always |
| Does your child follow adult instructions well? | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Most Times | <input type="checkbox"/> Always |
| Does your child ask for help when having difficulty | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Most Times | <input type="checkbox"/> Always |
| Does your child share dual households? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |

Comment:

What are your child's interests / talents?

Comment

| | | |
|---|------------------------------|-----------------------------|
| Is there any other background information you would like to share that may impact on your child's academic or personal growth? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|---|------------------------------|-----------------------------|

Comment

Other information