



Nundah State School

Prep Year Background Interview Form

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The information that you provide on this form will help us to get to know your child better and will enable us to plan for his/her individual needs. We appreciate your assistance.

Ms Deb Cox
Principal

Child's Name:.....Preferred Name:

Date of Birth: Gender: Male / Female Handedness: Right / Left

Parents/ Guardians Names:

Contact Phone Numbers: (hm)..... (mob).....

Address:

Child's place in family:

Names and ages of other children in the family:

Any information on recent family changes? i.e. just moved house, absence of a parent.....

Please tell us about any languages other than English are spoken in your home (which languages? / to whom? / how often ?)

Has your child spent any significant time overseas? Yes/No Where/How long:

What are your intended arrangements for bringing and collecting your child from Prep? (Specify days where necessary)

List your child's previous kindergarten/preschool/ day care or school experiences (including number of days per week).

I give permission for Nundah State School to contact my child's preschool, kindergarten, child care centre if required for class placement. Yes/No

Name of Centre: Contact Number:

How do you think your child will settle into Prep?.....

What do you see as the value of the Prep year for your child?.....

What made you decide to send your child to Nundah State School?

Any further information you would like to share:.....

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?

Parent/ Guardian's Signature/s:.....

Physical Health and Development:

Was your child born prematurely ? Yes / No . If YES, how many weeks and was there any complications?

Do any areas of your child’s development concern you? (e.g. late milestones, difficult pregnancy or birth, fears, security toys or habits.)

Does your child have a special diet, specific food allergies or intolerances?

Please note any difficulties with:

- Sleep patterns Movement
- Speech/language Hearing
- Vision Appetite
- Allergies Toileting
- Behaviour Fears
- Any operations Hospitalisation

What assistance has been provided to date for this difficulty?

Does your child have a daytime sleep? y/n If so how long?

Speech/Language:

Are you concerned about your child’s speech/language development? Yes/No If YES, please give details?

Is your child’s speech easily understood by non-family members? Yes/No

Has your child ever had Speech/Language therapy? Yes/No

If YES, please forward a copy of their last therapy assessment.

Social Experiences:

Does your child prefer to be alone? With children? With adults?

Comment on your child’s ability to work and play with other children. What if there is conflict?

Is your child interested in books, writing, drawing, working with numbers?

What does your child prefer – indoor or outdoors? What kind of tasks?

Building Partnerships:

Would you be willing to contribute to the school community in any of the followings ways? Please circle as many as applicable.

- Tuckshop (weekly, fortnightly, monthly)
- Homebake Roster (weekly, monthly)
- Road Safety Roster (weekly, monthly)
- Classroom help (as available)
- Uniform Shop (weekly, fortnightly)
- P&C Group/subgroup

These are the things my child does well:	These are the things my child will need your help with:	My child really likes:
My child becomes upset if:	I would like my child to learn to do these things:	My child learns best when:
Right now, I am most concerned about my child:	I would like to know more about:	How my child is feeling about starting Prep: