Miles State School Prep Parent Questionnaire

Child’s Name: __________________________________             Date of Birth: ______________

Mother’s Name:_________________________   Father’s Name: _________________________

•  Is your child  the young\textbf{est}  eldest middle child in your family? (circle one)
•  Who are the people your child lives with? _______________________________________________

Do you have pets? What are their names?_________________________________________________

•  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

\textbf{Physical development}

•  Was your child born at full term? ___________ If premature, how early?____________________
•  Did your child have a normal/difficult birth? __________________________________________
•  At what age did your child crawl? ___________ Walk? ________________
•  Has your child had any serious illnesses, operations or accidents? __________________________

•  Does your child still have a daytime rest/sleep? _________________________________________
•  Do you have any concerns about your child’s development? Please give details.

\begin{tabular}{llll}
Eyesight & Yes & No & Hearing & Yes & No \\
Speech & Yes & No & Physical Coordination & Yes & No \\
\end{tabular}

•  Does your child have any allergies?___________________________________________________

\textbf{Language Development}

•  If not English, what is the main language spoken at home? ______________________________
•  At what age did your child start to talk? ______________________________________________
•  How well does your child listen and follow instructions? ________________________________

\textbf{Social/Emotional Development}

•  How does your child react when you leave them in someone else’s care? _________________

•  How do you think your child will react to starting Prep? _________________________________

•  How do you think your child will cope with five days attendance at Prep? __________________

•  What opportunities has your child had to socialize with other children their own age?

\begin{tabular}{llllll}
Day Care & Family Day Care & Kindergarten & Other \\
\end{tabular}

•  Has this been in a full time or part time capacity? ________________________________________
Does your child like to play alone or with others? ____________________________________

How does your child react to change, new challenges, frustration, failure?_________________
______________________________________________________________________________

Do you have any concerns about your child’s social/emotional development? ______________
______________________________________________________________________________

Home activities
What are your child’s favourite toys, games, books, DVD’s, 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___________________________ Clothing _____________________________
  Celebrations __________________ Sports Activities ______________________

Specialist Services: Has your child been seen by a:
Speech & Language Pathologist? Yes No  Occupational Therapist? Yes No
Physiotherapist? Yes No  Paediatrician? Yes No
Optometrist? Yes No  Audiologist? Yes No
Other Specialist? Yes No
Details: ______________________________________________________________________

• What are your expectations of Prep? ______________________________________________
______________________________________________________________________________

• Do you or other members of your family have any interests you would be willing to share with
  the class?  ______________________________________________________________________

• Are you interested in helping in the classroom on a regular basis? _______________________

Other information________________________________________________________________
______________________________________________________________________________

Thank you for taking the time to fill out the questionnaire.