

# Miles 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? (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**

## **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.

<b>Eyesight</b>	Yes	No	<b>Hearing</b>	Yes	No
<b>Speech</b>	Yes	No	<b>Physical Coordination</b>	Yes	No

- Does your child have any allergies? \_\_\_\_\_

## **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? \_\_\_\_\_

## **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?

<b>Day Care</b>	<b>Family Day Care</b>	<b>Kindergarten</b>	<b>Other</b>
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- 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? \_\_\_\_\_
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- Do you have any concerns about your child's social/emotional development? \_\_\_\_\_
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**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? \_\_\_\_\_
  - Read books? \_\_\_\_\_
  - Participate in physical activity outside? \_\_\_\_\_
  - Use a computer? \_\_\_\_\_
  - Draw/Colour in? \_\_\_\_\_

**Cultural Considerations**

- Does your child require any special considerations for:
  - Food \_\_\_\_\_
  - Celebrations \_\_\_\_\_
  - Clothing \_\_\_\_\_
  - Sports Activities \_\_\_\_\_

**Specialist Services:** Has your child been seen by a:

- |   |     |    |                                |     |    |
|---|-----|----|--------------------------------|-----|----|
| <b>Speech &amp; Language Pathologist?</b> | Yes | No | <b>Occupational Therapist?</b> | Yes | No |
| <b>Physiotherapist?</b>                   | Yes | No | <b>Paediatrician?</b>          | Yes | No |
| <b>Optometrist?</b>                       | Yes | No | <b>Audiologist?</b>            | Yes | No |
| <b>Other Specialist?</b>                  | Yes | No |                                |     |    |

Details: \_\_\_\_\_

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- What are your expectations of Prep? \_\_\_\_\_
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- 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 \_\_\_\_\_

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