



Mango Hill State School Prep Questionnaire

Child's Name: _____ Date of Birth: __/__/__

Is your child the youngest eldest middle child in your family?

Who are the people your child lives with?

Have there been any recent changes in your family – new house / baby / marriage / divorce / death?

Physical Development

Was your child born at full term? Yes No If premature, how early? _____

Did your child have a normal/difficult birth? Yes No

At what age did your child crawl? _____ Walk? _____

Has your child had any serious illnesses, operations or accidents? No Yes,

Does your child still have a daytime rest/sleep? Yes No

Can your child toilet themselves? Yes No

Do you have any concerns about your child's development? Please give details.

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 and 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?

- Day Care Family Day Care Kindergarten Other

Does your child like to play alone or with others?

How does your child react to change, New challenges, frustration and 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:

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> Food | <input type="checkbox"/> Clothing |
| <input type="checkbox"/> Celebrations | <input type="checkbox"/> Sports Activities |

Specialist Services: Has your child been seen by a:

Speech & Language Pathologist

Occupational Therapist

Physiotherapist

Paediatrician

Optometrist

Audiologist

Other _____

What are your expectations of Prep?

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