



| Prep Information Gathering | |
|----------------------------|--|
| Student Name (in full) | |
| Parent Name/s | |
| Date | |

About my child

Did your child attend an Early Years Centre? ☐ Yes ☐ No

Name of the centre:

Who will be dropping off and collecting your child from Prep?

How will child get to and from school? ☐ Walk ☐ Car ☐ Bike ☐ Bus

Will your child be attending before or after school care? ☐ Yes ☐ No

Have there been any family changes recently? (e.g. moved house, absences of parent, family illness, new baby)

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Please comment on how well your child sleeps.....

Social Development

Does your child separate easily from parents/caregivers?

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What types of games/activities does your child prefer to play?

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Does your child like playing with others?.....

Is your child involved in activities outside of school?

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Has your child any fears/dislikes?

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Are they able to follow simple instructions?.....take turns?.....

Motor Development

Are they able to sit with legs crossed on the floor?.....

Sit and attend without wriggling for 5 minutes ?.....

Can they walk up and down stairs without help?.....

Use pencils to draw?

Medical History

Was your child born prematurely?

Does your child have any diagnosed or suspected medical conditions or illnesses (please include information about regular medication?)

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Does your child have any significant medical conditions or allergies that may affect their participation in our Prep programs? (e.g. diabetes, heart condition, allergy to penicillin, food or bee stings, other allergies) ☐ Yes** ☐ No

If 'Yes' please outline details.

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*** Please provide us with an appropriate action plan from your doctor.*

Can your child toilet independently?

Can your child dress themselves independently?

Has vision been assessed?If so, when?

What was the result?

Has hearing been assessed?If so, when?

What was the result?

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Do you have concerns about your child's speech / language development?

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Is your child's speech easily understood by non - family members? ☐ Yes ☐ No

Are there any other languages spoken at home?

Professional Contacts to date (Please provide details and attach any reports)

Paediatrician

SLP (Speech Language Pathologist)

OT (Occupational Therapist)

PT (Physio Therapist)

What is your biggest concern about your child starting Prep?