



Junction Park State School
The School with Heart



Getting Ready for Prep Questionnaire

Child's name:	Date of birth: / /	
Parent/Carer's name:	Relationship to child:	Child's Gender:
Parent/Carer's name:	Relationship to child:	

1	Does your child have any siblings?	Yes		No	
	Name	Gender	Current Age	Comments (e.g. Attends JPSS)	

2	Who lives at home with your child?

3	Please list any information regarding recent family change. (E.g. moved house, absence of parent, illness, court orders etc.) Please provide a copy of any relevant court orders.

4	Has your child attended a Kindergarten or Child Care setting (see below)?	Yes		No	
	If yes, was the care:	Full Time (at least 6 hours per day, 5 days per week)		Name of provider:	
	(please circle/highlight)	Part Time (less than 6 hours per day, or not every day)			
	Has your child attended child care for:	More than 15 hours per week		Less than 15 hours per week	
	What time of care setting was it? (please tick)				
	Day Care Group		Family Day Care		
	Grandparent/Other Relative		Kindergarten		
	Play Group		Other (including friends or neighbours)		
	Nanny/Au pair/Babysitter				

5	Does your child have any medical conditions, special dietary requirements, specific food allergies or intolerances? If yes, please provide documentation/an action plan.

6	Does your child take any medication on a regular basis?	Yes		No	
If yes, please note the type and dosage.					

7	Has your child had any support/intervention in any of the following areas?				
Eyes and Hearing Check	Yes		No		At what age: for how long
Speech Language Pathology	Yes		No		At what age: for how long
Occupational Therapy	Yes		No		At what age: for how long
Physiotherapy	Yes		No		At what age: for how long
Paediatrician	Yes		No		At what age: for how long
Psychologist	Yes		No		At what age: for how long
Development Assessment Team	Yes		No		At what age: for how long
What assistance has been provided for any of the above difficulties? (Assessment, therapy, report etc. Please provide copies of any reports)					

8	Milestones (Please circle/highlight)		
Walking:	Before 12 months	12 months to 18 months	18 months to 2 years
Talking:	Before 12 months	12 months to 18 months	18 months to 2 years

9	What are your child's interests and what areas of play/learning is your child interested in?

10	Does your child prefer: (please tick)			
Playing with many children		Playing with only one friend		Solitary play

11	Please answer the following questions:	
	Yes	No
Can your child dress/undress themselves? (E.g. manipulating buttons, zips, tie their shoes etc.)		
Can your child speak confidently to an adult?		
Does your child follow rules and instructions without reminders?		
Does your child adjust easily to changes in routine?		
Does your child take care of their belongings?		
Does your child ever act aggressively? (E.g. hitting, biting, yelling or temper tantrums)		
Does your child have access to electronic devices at home?		
Does your child access the internet at home?		
Can your child use a computer independently?		
Does your child recognize their name?		

Does your child count sequential numbers? (E.g. 1, 2, 3, 4, 5)		
Does your child count using one-to-one correspondence? (E.g. recognising the number of objects on a table)		
Does your child know some letters of the alphabet?		
Is your child interested in writing or drawing activities?		
Do you and your child share books?		

12	Does your child participate in any out of school activities? (E.g. football, drama, dance, music, swimming etc.)	Yes		No	
If yes, please note below.					

13	Please list information regarding your family's cultural background/languages other than English spoken at home/religious or cultural beliefs etc. that may need to be considered.				

14	Is there any other information you feel we should be aware of? (E.g. sensory processing habits, separation anxiety etc.)				

15	Please list any concerns you may have about any aspect of your child's development or wellbeing.				

16	What arrangements will be made for bringing and collecting your child? (Please tick and indicate who will drop off/pick up your child)				
Classroom drop off/pick up					
Public transport to/from school					
Before/after school care					
Other:					

17	If you have a preferred Prep teacher or classroom in mind please let us know. We try to place children with friends from childcare / kindy. It can be beneficial for transitioning to Prep to have a familiar face in class. We also take in to consideration friendship groups that are likely to cause issues within the class. Please let us know of any concern you may have. Some friendship groups are better suited to playtime and may be distracting within a classroom setting. Please note that while we try to take preferences into account, we cannot guarantee placements.				