

PREP EXTRA INFORMATION

STUDENT NAME: [REDACTED]

Thank you for taking the time to share with us the following information so we can best support your child's entry to Prep at Ripley Valley State School in 2022. This information is in addition to and emailed with the enrolment form.

Transition statements are a vital connection between early childhood sites and school. We value the information that is provided by Early Years educators and request that the transition statement is provided by you to the school.

Select one that is applicable to your circumstance	
<input type="checkbox"/>	I have included a transition statement with the enrolment form
<input type="checkbox"/>	I have a transition statement and will bring a copy to the enrolment interview.
<input type="checkbox"/>	I have signed the permission form at my site and have requested it be forwarded to the school (we are unable to accept statements without written permission).

STUDENT INFORMATION

Preferred Name: (if any) [REDACTED]

Names and D.O.B of siblings in the family:

Sibling Name/s:	D.O.B	Comment (e.g. attends IESS)

DETAILS OF CARE BEFORE PREP:

<input type="checkbox"/>	My child has been at our home or at another home prior to prep and has not attended any outside of home care. Who has been caring for your child?		
<input type="checkbox"/>	Parent		
<input type="checkbox"/>	Family Member who is not a parent eg grandparent		
<input type="checkbox"/>	Staff with qualifications eg. Nanny		
Other			
<input type="checkbox"/>	My child has attended (in the past 12 months) a setting that is outside of our home:		
<input type="checkbox"/>	Kindergarten (outside of a long day care centre)		
<input type="checkbox"/>	Long Day Care and my child was in an approved Kindy/pre Prep program		
<input type="checkbox"/>	Long Day Care		
<input type="checkbox"/>	Family Day Care		
Name of centre			
In the following table indicate how often your child was in care (either inside or outside of home)			
	Days	Approx. Start and Finish Times (state below)	
<input type="checkbox"/>	Monday		
<input type="checkbox"/>	Tuesday		

<input type="checkbox"/>	Wednesday	
<input type="checkbox"/>	Thursday	
<input type="checkbox"/>	Friday	

MILESTONES

Are you concerned about any aspect of your child’s physical development from babyhood to now.

Are you concerned about any aspect of your child’s social and emotional development.

Are you concerned about any aspect of your child’s speech or language development.

HEALTH

My child has had their 4 year old Health Check (see GP for Health Check)

My child has seen medical specialists in the last 2 years. Complete further details.

Medical Specialist	Required follow up	Documents provided	Further Information especially if they are still receiving support.
<input type="checkbox"/> Sight	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Ears/Nose/Throat	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Speech /Language	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Occupational Therapy	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Physiotherapy	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Development Assessment Team	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Psychologist Eg. Anxiety/Trauma/ Attention Deficit	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Guidance Officer	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Paediatrician	<input type="checkbox"/>	<input type="checkbox"/>	

INTERESTS

What are the major interests of your child?

Does your child participate in out of school activities? e.g. soccer, art, drama, dance, music, swimming

BEHAVIOUR

PLEASE CONSIDER THIS TO BE IN MOST CIRCUMSTANCES

My child says goodbye to parent/carer easily	<input type="checkbox"/>	My child apologises to others without being reminded to do so.	<input type="checkbox"/>
My child is able to work alone at an activity for up to 10 minutes	<input type="checkbox"/>	My child take turns and play fairly in a game	<input type="checkbox"/>
My child can and does ask for help when having difficulty	<input type="checkbox"/>	My child co-operates with adult requests	<input type="checkbox"/>
My child uses common courtesies like 'please' and 'thank you'	<input type="checkbox"/>	My child follows rules	<input type="checkbox"/>
My child requires help to go to the toilet	<input type="checkbox"/>	My child pays attention when asked to listen	<input type="checkbox"/>
Further information			

ACADEMIC

Recognises own name	<input type="checkbox"/>	Can write their own name	<input type="checkbox"/>
Holds and uses book correctly	<input type="checkbox"/>	Repeats rhymes, songs or dances	<input type="checkbox"/>
Further Information			

How is your child feeling about Prep? Is there any other information you believe will help settling into Prep?

We would like to thank you for taking the time to complete this enrolment questionnaire. We look forward to working with you next year.