

Welcome to Mountain Creek's school community. This information is held in confidence. Please give as much detail as you can on your child's current abilities.

Child's full name: _____ Preferred name: _____

Child's age entering Prep: _____ Date of Birth: _____

Parent/Carer name/s: _____

Student lives with: ☐mother ☐step-mother ☐grandparent(s) ☐other _____

(Check all that apply) ☐father ☐step-father ☐foster parents

Is there a shared parenting arrangement in place? Yes No

Number of children living in student's home: _____ Your child is the **youngest middle eldest** (circle)

Other siblings attending Mountain Creek State School:

Name: _____ Age: _____ Year: _____

Name: _____ Age: _____ Year: _____

What interests does your child have?

Five words that describe your child and their personality are...

- 1.
- 2.
- 3.
- 4.
- 5.

What kind of things upset your child?

What are three goals for your child in their Prep year?

- 1.
- 2.
- 3.

The following questions will provide our staff with essential information to cater for your child's needs as they begin their educational journey at Mountain Creek State School.

Who will be dropping off and collecting your child from Prep?	Comment:		
Will your child be attending before and/or after school care?	Comment:		
Does your child adjust easily to changes of routine?	Not yet	Sometimes	Always
Does your child ever act aggressively? E.g: hitting, biting, yelling, temper tantrums	Never	Sometimes	Often
Does your child separate easily from caregivers?	Not yet	Sometimes	Always
Does your child share easily with others?	Not yet	Sometimes	Always
Health Information			
Has your child been referred to any of the following specialists: (tick which apply) <ul style="list-style-type: none"> <input type="radio"/> Ear, Nose, Throat Specialist <input type="radio"/> Speech Pathologist <input type="radio"/> Occupational Therapist <input type="radio"/> Paediatrician <input type="radio"/> Physiotherapist <input type="radio"/> Psychologist <input type="radio"/> Other: _____ Please provide copies of reports where possible	Do you have any concerns about your child's development? (tick which apply) <ul style="list-style-type: none"> <input type="radio"/> Eyesight <input type="radio"/> Speech <input type="radio"/> Hearing <input type="radio"/> Physical Contact <input type="radio"/> Other: _____ Comment:		
Prior to Prep			
Has your child recently experiences any major life events? E.g family trauma/moved house/loss of family member/new baby etc.	Comment:		
Please tell us about you child's pre-school experiences: (Child Care, Kindergarten, Family Day Care, Family carers etc.)			
Name of Centre	Days per week	Years attended	
Please feel free to list some current friends of your child's, also attending Mountain Creek, if you believe they would be good learning buddies.			
Other information			
Please tell us any other important information that you feel we should know about your child			