

INFORMATION TO HELP US BETTER UNDERSTAND YOUR CHILD

Child's Name: _____

Health:

Speech:	
Eyes:	
Ears:	
General Health:	
Toilet Habits:	

- Has your child been to any health care specialists? **Yes/No**
If yes, what was this for?
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- Has your child had the 5 year old check-up at Community Health? **Yes/No**

- Is your child's immunisation up to date? **Yes/No**

Social Environment:

Has your child attended an early childhood setting prior to Prep? (eg Kindy, Child Care) If so, which setting was this and at what age?	Yes/No
Describe their reaction to this setting.	
Does your child prefer to play quietly alone or actively with other children?	
How do you think your child will react to Prep?	

(please turn over to page 2)

Home Environment:

Does your child dress him/herself: <ul style="list-style-type: none">• Clothing• Footwear	Yes/No Yes/No Yes/No
Does your child eat breakfast?	Yes/No
Please comment on your child's appetite and eating habits:	
What time does your child usually: <ul style="list-style-type: none">- go to bed?- wake up in the morning?	
How often does your child watch television:	
What activities does your child enjoy the most? (eg outside play, stories, painting, dress-ups, cooking)	

Please list all family members (including pets):

Family Member	Relationship to Child

Is there anything else we should know about your child or family – including any major changes in the past 12 months? (eg birth of a sibling, moving house, parental separation):

School Routines:

Will your child be catching the school bus to school at any point during the school year?	Yes/No
What adults will pick-up and drop-off your child at school?	