2027 Prep Student Enrolment Interview Form

Child's Name:		**Preferred Name:**		**D.O.B:**	

Please tick:	Male ☐	Female ☐	In Catchment ☐	Out of Catchment ☐

Parent's/Carer's Names:	

Names and ages of all siblings that currently attend Boondall State School:

Name	Class

Have you had any recent family changes? (Moved house, absence of parents, family illness)	Yes ☐	No ☐

Medical History

Please tick if any of the below are relevant:

Hearing Impairment ☐	Visual Impairment ☐	Physical Impairment ☐	Intellectual Impairment ☐	Autism ☐	ADHD ☐

Does your child take any medications or attend physical therapy sessions on a regular basis?

No: ☐	Yes: ☐	If yes, please provide details:

Does your child have any medical conditions, special diet, specific food allergies or intolerances that you know of?	

Does your child attend a Pre-Prep/Kindy/Child-Care/Family Day Care?

No: ☐	Yes: ☐	If yes, how many days per week?

If yes, full name of childcare centre (e.g. Sunkids - Muller Rd or Sunkids East – Sandgate Road)

Parental Permission

I hereby give permission for Boondall SS staff to liaise with my child's Pre-Prep provider to gather information, which will inform class placements and assist in planning for a smooth transition to schooling.

Parent/Carer Name:		**Parent/Carer Signature:**

Friendships	
Are there any considerations around class placement we should be aware of e.g. friends, relatives also attending Boondall State School?	Reasons:

Language		
Does your family speak a language other than English at home?	Yes ☐	No ☐
(If yes, please complete the below questions)		
What is the main language spoken by adults in the household?		
What is the main language spoken by the child at home?		
At what age did your child begin speaking English?		

Likes/Dislikes	
What are your child's favourite things to do?	
Does your child have any fears or dislikes?	

Support, Intervention & Testing (Has your child had any of the following?)				
Eye Test	No ☐	Yes ☐	(If yes, at what age?)	Report Available ☐
Hearing Check	No ☐	Yes ☐	(If yes, at what age?)	Report Available ☐
Speech Language Pathology	No ☐	Yes ☐	(If yes, at what age?)	Report Available ☐
Occupational Therapy	No ☐	Yes ☐	(If yes, at what age?)	Report Available ☐
Physiotherapy	No ☐	Yes ☐	(If yes, at what age?)	Report Available ☐
Paediatrician	No ☐	Yes ☐	(If yes, at what age?)	Report Available ☐

Language & Literacy			
Can be understood by non-family members?	Yes ☐	No ☐	
Sings common nursey rhymes?	Yes ☐	No ☐	
Follow instructions of three steps?	Yes ☐	No ☐	
Enjoys being read to?	Yes ☐	No ☐	
Engages in stories? (Turns pages/joins in)	Yes ☐	No ☐	
Can recognise own name?	Yes ☐	No ☐	
Any language/literacy concerns?			

Behaviour			
Willing to attempt new activities?	Yes ☐	No ☐	
Can ask for help when having difficulty?	Yes ☐	No ☐	
Able to sit and focus for 5 minutes?	Yes ☐	No ☐	
Follows simple rules?	Yes ☐	No ☐	
Any behavioural concerns/issues?			

Motor Skills			
Can hold a pencil?	Yes ☐	No ☐	
Can use scissors?	Yes ☐	No ☐	
Can walk up and downs stairs unassisted?	Yes ☐	No ☐	
Confidently plays on park equipment?	Yes ☐	No ☐	
Any motor skills concerns/issues?			

General/Social			
Used to having a daytime sleep?	Yes ☐	No ☐	
Able to go to the toilet by themselves?	Yes ☐	No ☐	
Gets along with peers?	Yes ☐	No ☐	
Shares and takes turns with others?	Yes ☐	No ☐	
Separates from parents/carers easily?	Yes ☐	No ☐	
Any other general concerns/issues?			

Any additional relevant information?