



Student Name: \_\_\_\_\_



Prep Year Parent/carer Interview



## Prep Year Parent/carer Interview

The information that you provide on this form will help us to get to know your child better.  
All information provided is private and confidential. We appreciate your assistance.

Family Name:			
Child's Name:			
Date of Birth:		Female	Male
Position in Family:			
Handedness:	Right	Left	
Parent/carer 1 Name:		Relationship:	
Parent/carer 2 Name:		Relationship:	

Please provide any recent family changes (e.g. moved house, family illness, death etc)

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**Building Partnerships**

Is there any information on your family's cultural background, languages etc. we need to consider in the Prep Program?

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Will your child attend <b>Jabiru Kids Club</b> Outside School Hours Care ?	<b>YES</b>	Before school	After school
	<b>NO</b>		

Does your child have any allergies, intolerances or special diet?

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Please note any difficulties with:

Sleep	
Speech / Language	
Vision	
Behaviour	
Movement	
Hearing	
Appetite	
Fears	
Any other:	

Please note any assistance provided to date e.g. speech, physio

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Social Experiences

Does your child prefer to be alone? \_\_\_\_\_

- with other children? \_\_\_\_\_

- with adults? \_\_\_\_\_

Comment on your child's ability to work and play with other children.

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How does your child handle conflict?

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Does your child know anyone who will be attending Prep?

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List your child's previous kindergarten/ day care/ school experiences.

Name of Child Care Centre attended : \_\_\_\_\_ Suburb : \_\_\_\_\_

Type of Care (Before Prep)	Full Time (at least 6 hours/day / 5 days/week)	Part Time
Day Care		
Kindergarten		
Grandparent		
Other Relative		
Nanny		
Other		

Has your child attended playgroup?	YES	NO
Has your child attended other language / religious classes? If Yes, please specify e.g. Sunday School, Language School etc. .....	YES	NO

International student background.

PROSPECTIVE STUDENTS LANGUAGE DETAILS	
Does the prospective student speak a language other than English at home?	<input type="checkbox"/> NO English only <input type="checkbox"/> Yes, Other – please specify _____

Do you have any skills or talents that you would be willing to share with the Prep classes?

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### Prep Year Parent/carer Interview

Form completed by:

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Date: \_\_\_\_\_

Thank you for completing this form. We look forward to meeting you and your family.

Regards

Dr Carmel McGrath  
Principal  
New Farm State School

I give permission for a representative of New Farm State School to contact  
**(Insert Name)** \_\_\_\_\_  
at **(Insert Name of Day Care, etc.)** \_\_\_\_\_  
regarding my child **(Insert Name)** \_\_\_\_\_

Parent/carer Name: \_\_\_\_\_

Parent/carer Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Office Use Only			
House		EAL/D Support	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> To be determined