



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)

Building Partnerships

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

Will your child attend Schools+PLUS Outside School Hours Care?	YES	Before school	After school
	NO		

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

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

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.

How does your child handle conflict?

Does your child know anyone who will be attending Prep?

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?

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	