



# Birkdale State School Getting To Know Your Prep Form

Child's Name: ..... Date of Birth: .....

Preferred Name: ..... Birth Certificate provided: Yes/No

Gender: male/female ..... Handedness: left/right .....

Parent/Guardian's name/s: .....

Contact phone numbers: .....

Child's place in the family: .....

Names, ages and grades & schools of other children in the family:

Who will be dropping off and collecting your child from Prep? .....

Will your child be attending before or after school care? Where and when? .....

How do you think your child will settle into Prep? Any concerns? .....

Is there any information that may help us understand your child better?

- family's cultural background .....
- languages spoken at home .....
- religious beliefs .....

other .....

### Physical Health and Development

Does any area of your child's physical development concern you? .....

Has your child been professionally assessed and/or received support in any of the following areas? If yes, please provide copies of any reports.

#### Notes:

- |  |             |
|--|-------------|
| <input type="radio"/> Physical development | Date: ..... |
| <input type="radio"/> Speech language      | Date: ..... |
| <input type="radio"/> Hearing              | Date: ..... |
| <input type="radio"/> Vision               | Date: ..... |
| <input type="radio"/> Toileting            | Date: ..... |
| <input type="radio"/> Behaviour            | Date: ..... |
| <input type="radio"/> Special Needs        | Date: ..... |
| <input type="radio"/> Occupational Therapy | Date: ..... |
| <input type="radio"/> Dev. Assess. Team    | Date: ..... |

Does your child have a diagnosis of (please tick if applicable):

- |  |  |   |
|--|--|---|
| <input type="radio"/> Autism Spectrum Disorder | <input type="radio"/> Hearing Impairment         | <input type="radio"/> Vision Impairment   |
| <input type="radio"/> Intellectual Impairment  | <input type="radio"/> Speech Language Impairment | <input type="radio"/> Physical Impairment |

Is your child allergic to anything? .....

Does your child have diagnosed food allergies or a food intolerance? .....

Does your child have any dietary requirements/considerations? .....

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

Has your child been hospitalised/ had any operations? Yes/No How recently? .....

**Play Experiences**

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

What areas of play is your child interested in? (Parent response/child response).....

Does your child have any friends who will be attending BSS Prep? .....

Does your child participate in any out-of-school activities, e.g. swimming, football, music?

Does your child have any fears/dislikes? \_\_\_\_\_

**Partnerships with families**

With which parent/s does the student live? (Please tick)

- Both parents at one address
- equal time with both parents at separate addresses
- mainly mother
- guardian
- mainly father
- other

Have there been any family changes recently i.e. moved house, absence of a parent, family illness, new baby etc.?

Are there any family care arrangements that we need to be aware of?

Has there been, or are there currently any court orders in place regarding custody of your child. Yes/No

**Does your family celebrate the following events:**

Event	Yes/No	Comments
Easter	Yes/No	
Christmas	Yes/No	
Mother's Day	Yes/No	
Father's Day	Yes/No	
Birthdays	Yes/No	

List your child's previous kindergarten/preschool/day care or school experiences (including number of days per week) .....

I give permission for Birkdale SS to contact my child's previous kindergarten/preschool/day care if required for class placement. Yes/No Contact phone number: .....

**Photo Permission**

I give permission for my child to be photographed whilst participating in the prep program and in school activities. I understand that the photos may be placed on display for the school community to view.

Yes/No

Parent/Carer Signature: ..... Date: .....

Interviewer Signature: ..... Date: .....



# Birkdale State School

## Getting To Know Your Prep Form

Child's Name: ..... Date of Birth: .....  
Preferred Name: ..... Birth Certificate provided: Yes/No  
Gender: male/female ..... Handedness: left/right .....  
Parent/Guardian's name/s: .....  
Contact phone numbers: .....  
Child's place in the family: .....  
Names, ages and grades & schools of other children in the family:

Who will be dropping off and collecting your child from Prep? .....

Will your child be attending before or after school care? Where and when? .....

How do you think your child will settle into Prep? Any concerns? .....

Is there any information that may help us understand your child better?

- family's cultural background .....
- languages spoken at home .....
- religious beliefs .....

other .....

### Physical Health and Development

Does any area of your child's physical development concern you? .....

Has your child been professionally assessed and/or received support in any of the following areas? If yes, please provide copies of any reports.

#### Notes:

- |  |             |
|--|-------------|
| <input type="radio"/> Physical development | Date: ..... |
| <input type="radio"/> Speech language      | Date: ..... |
| <input type="radio"/> Hearing              | Date: ..... |
| <input type="radio"/> Vision               | Date: ..... |
| <input type="radio"/> Toileting            | Date: ..... |
| <input type="radio"/> Behaviour            | Date: ..... |
| <input type="radio"/> Special Needs        | Date: ..... |
| <input type="radio"/> Occupational Therapy | Date: ..... |
| <input type="radio"/> Dev. Assess. Team    | Date: ..... |

Does your child have a diagnosis of (please tick if applicable):

- |  |  |   |
|--|--|---|
| <input type="radio"/> Autism Spectrum Disorder | <input type="radio"/> Hearing Impairment         | <input type="radio"/> Vision Impairment   |
| <input type="radio"/> Intellectual Impairment  | <input type="radio"/> Speech Language Impairment | <input type="radio"/> Physical Impairment |

Is your child allergic to anything? .....

Does your child have diagnosed food allergies or a food intolerance? .....

Does your child have any dietary requirements/considerations? .....

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

Has your child been hospitalised/ had any operations? Yes/No How recently? .....

**Play Experiences**

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

What areas of play is your child interested in? (Parent response/child response).....

Does your child have any friends who will be attending BSS Prep? .....

Does your child participate in any out-of-school activities, e.g. swimming, football, music?

Does your child have any fears/dislikes? \_\_\_\_\_

**Partnerships with families**

With which parent/s does the student live? (Please tick)

- Both parents at one address
- equal time with both parents at separate addresses
- mainly mother
- guardian
- mainly father
- other

Have there been any family changes recently i.e. moved house, absence of a parent, family illness, new baby etc.?

Are there any family care arrangements that we need to be aware of?

Has there been, or are there currently any court orders in place regarding custody of your child. Yes/No

**Does your family celebrate the following events:**

Event	Yes/No	Comments
Easter	Yes/No	
Christmas	Yes/No	
Mother's Day	Yes/No	
Father's Day	Yes/No	
Birthdays	Yes/No	

List your child's previous kindergarten/preschool/day care or school experiences (including number of days per week) .....

I give permission for Birkdale SS to contact my child's previous kindergarten/preschool/day care if required for class placement. Yes/No Contact phone number: .....

**Photo Permission**

I give permission for my child to be photographed whilst participating in the prep program and in school activities. I understand that the photos may be placed on display for the school community to view. Yes/No

Parent/Carer Signature: ..... Date: .....

Interviewer Signature: ..... Date: .....



# Birkdale State School Getting To Know Your Prep Form

Child's Name: ..... Date of Birth: .....

Preferred Name: ..... Birth Certificate provided: Yes/No

Gender: male/female ..... Handedness: left/right .....

Parent/Guardian's name/s: .....

Contact phone numbers: .....

Child's place in the family: .....

Names, ages and grades & schools of other children in the family:

Who will be dropping off and collecting your child from Prep? .....

Will your child be attending before or after school care? Where and when? .....

How do you think your child will settle into Prep? Any concerns? .....

Is there any information that may help us understand your child better?

- family's cultural background .....
- languages spoken at home .....
- religious beliefs .....

other .....

### Physical Health and Development

Does any area of your child's physical development concern you? .....

Has your child been professionally assessed and/or received support in any of the following areas? If yes, please provide copies of any reports.

#### Notes:

- |  |             |
|--|-------------|
| <input type="radio"/> Physical development | Date: ..... |
| <input type="radio"/> Speech language      | Date: ..... |
| <input type="radio"/> Hearing              | Date: ..... |
| <input type="radio"/> Vision               | Date: ..... |
| <input type="radio"/> Toileting            | Date: ..... |
| <input type="radio"/> Behaviour            | Date: ..... |
| <input type="radio"/> Special Needs        | Date: ..... |
| <input type="radio"/> Occupational Therapy | Date: ..... |
| <input type="radio"/> Dev. Assess. Team    | Date: ..... |

Does your child have a diagnosis of (please tick if applicable):

- |  |  |   |
|--|--|---|
| <input type="radio"/> Autism Spectrum Disorder | <input type="radio"/> Hearing Impairment         | <input type="radio"/> Vision Impairment   |
| <input type="radio"/> Intellectual Impairment  | <input type="radio"/> Speech Language Impairment | <input type="radio"/> Physical Impairment |

Is your child allergic to anything? .....

Does your child have diagnosed food allergies or a food intolerance? .....

Does your child have any dietary requirements/considerations? .....

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

Has your child been hospitalised/ had any operations? Yes/No How recently? .....

### Play Experiences

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

What areas of play is your child interested in? (Parent response/child response).....

Does your child have any friends who will be attending BSS Prep? .....

Does your child participate in any out-of-school activities, e.g. swimming, football, music?

Does your child have any fears/dislikes? \_\_\_\_\_

### Partnerships with families

With which parent/s does the student live? (Please tick)

- Both parents at one address                       mainly mother                       mainly father  
 equal time with both parents at separate addresses     guardian                       other

Have there been any family changes recently i.e. moved house, absence of a parent, family illness, new baby etc.?

Are there any family care arrangements that we need to be aware of?

Has there been, or are there currently any court orders in place regarding custody of your child. Yes/No

### Does your family celebrate the following events:

Event	Yes/No	Comments
Easter	Yes/No	
Christmas	Yes/No	
Mother's Day	Yes/No	
Father's Day	Yes/No	
Birthdays	Yes/No	

List your child's previous kindergarten/preschool/day care or school experiences (including number of days per week) .....

I give permission for Birkdale SS to contact my child's previous kindergarten/preschool/day care if required for class placement. Yes/No Contact phone number: .....

### Photo Permission

I give permission for my child to be photographed whilst participating in the prep program and in school activities. I understand that the photos may be placed on display for the school community to view.

Yes/No

Parent/Carer Signature: ..... Date: .....

Interviewer Signature: ..... Date: .....



# Birkdale State School Getting To Know Your Prep Form

Child's Name: ..... Date of Birth: .....

Preferred Name: ..... Birth Certificate provided: Yes/No

Gender: male/female ..... Handedness: left/right .....

Parent/Guardian's name/s: .....

Contact phone numbers: .....

Child's place in the family: .....

Names, ages and grades & schools of other children in the family:

Who will be dropping off and collecting your child from Prep? .....

Will your child be attending before or after school care? Where and when? .....

How do you think your child will settle into Prep? Any concerns? .....

Is there any information that may help us understand your child better?

- family's cultural background .....
- languages spoken at home .....
- religious beliefs .....

other .....

### Physical Health and Development

Does any area of your child's physical development concern you? .....

Has your child been professionally assessed and/or received support in any of the following areas? If yes, please provide copies of any reports.

#### Notes:

- |  |             |
|--|-------------|
| <input type="radio"/> Physical development | Date: ..... |
| <input type="radio"/> Speech language      | Date: ..... |
| <input type="radio"/> Hearing              | Date: ..... |
| <input type="radio"/> Vision               | Date: ..... |
| <input type="radio"/> Toileting            | Date: ..... |
| <input type="radio"/> Behaviour            | Date: ..... |
| <input type="radio"/> Special Needs        | Date: ..... |
| <input type="radio"/> Occupational Therapy | Date: ..... |
| <input type="radio"/> Dev. Assess. Team    | Date: ..... |

Does your child have a diagnosis of (please tick if applicable):

- |  |  |   |
|--|--|---|
| <input type="radio"/> Autism Spectrum Disorder | <input type="radio"/> Hearing Impairment         | <input type="radio"/> Vision Impairment   |
| <input type="radio"/> Intellectual Impairment  | <input type="radio"/> Speech Language Impairment | <input type="radio"/> Physical Impairment |

Is your child allergic to anything? .....

Does your child have diagnosed food allergies or a food intolerance? .....

Does your child have any dietary requirements/considerations? .....

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

Has your child been hospitalised/ had any operations? Yes/No How recently? .....

**Play Experiences**

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

What areas of play is your child interested in? (Parent response/child response).....

Does your child have any friends who will be attending BSS Prep? .....

Does your child participate in any out-of-school activities, e.g. swimming, football, music?

Does your child have any fears/dislikes? \_\_\_\_\_

**Partnerships with families**

With which parent/s does the student live? (Please tick)

- Both parents at one address
- equal time with both parents at separate addresses
- mainly mother
- guardian
- mainly father
- other

Have there been any family changes recently i.e. moved house, absence of a parent, family illness, new baby etc.?

Are there any family care arrangements that we need to be aware of?

Has there been, or are there currently any court orders in place regarding custody of your child. Yes/No

**Does your family celebrate the following events:**

Event	Yes/No	Comments
Easter	Yes/No	
Christmas	Yes/No	
Mother's Day	Yes/No	
Father's Day	Yes/No	
Birthdays	Yes/No	

List your child's previous kindergarten/preschool/day care or school experiences (including number of days per week) .....

I give permission for Birkdale SS to contact my child's previous kindergarten/preschool/day care if required for class placement. Yes/No Contact phone number: .....

**Photo Permission**

I give permission for my child to be photographed whilst participating in the prep program and in school activities. I understand that the photos may be placed on display for the school community to view.

Yes/No

Parent/Carer Signature: ..... Date: .....

Interviewer Signature: ..... Date: .....





# Birkdale State School Getting To Know Your Prep Form

Child's Name: ..... Date of Birth: .....

Preferred Name: ..... Birth Certificate provided: Yes/No

Gender: male/female ..... Handedness: left/right .....

Parent/Guardian's name/s: .....

Contact phone numbers: .....

Child's place in the family: .....

Names, ages and grades & schools of other children in the family:

Who will be dropping off and collecting your child from Prep? .....

Will your child be attending before or after school care? Where and when? .....

How do you think your child will settle into Prep? Any concerns? .....

Is there any information that may help us understand your child better?

- family's cultural background .....
- languages spoken at home .....
- religious beliefs .....

other .....

### Physical Health and Development

Does any area of your child's physical development concern you? .....

Has your child been professionally assessed and/or received support in any of the following areas? If yes, please provide copies of any reports.

#### Notes:

- |   |             |
|---|-------------|
| <input type="checkbox"/> Physical development | Date: ..... |
| <input type="checkbox"/> Speech language      | Date: ..... |
| <input type="checkbox"/> Hearing              | Date: ..... |
| <input type="checkbox"/> Vision               | Date: ..... |
| <input type="checkbox"/> Toileting            | Date: ..... |
| <input type="checkbox"/> Behaviour            | Date: ..... |
| <input type="checkbox"/> Special Needs        | Date: ..... |
| <input type="checkbox"/> Occupational Therapy | Date: ..... |
| <input type="checkbox"/> Dev. Assess. Team    | Date: ..... |

Does your child have a diagnosis of (please tick if applicable):

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Autism Spectrum Disorder | <input type="checkbox"/> Hearing Impairment         | <input type="checkbox"/> Vision Impairment   |
| <input type="checkbox"/> Intellectual Impairment  | <input type="checkbox"/> Speech Language Impairment | <input type="checkbox"/> Physical Impairment |

Is your child allergic to anything? .....

Does your child have diagnosed food allergies or a food intolerance? .....

Does your child have any dietary requirements/considerations? .....

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

Has your child been hospitalised/ had any operations? Yes/No How recently? .....

**Play Experiences**

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

What areas of play is your child interested in? (Parent response/child response).....

Does your child have any friends who will be attending BSS Prep? .....

Does your child participate in any out-of-school activities, e.g. swimming, football, music?

Does your child have any fears/dislikes? \_\_\_\_\_

**Partnerships with families**

With which parent/s does the student live? (Please tick)

- Both parents at one address
- equal time with both parents at separate addresses
- mainly mother
- guardian
- mainly father
- other

Have there been any family changes recently i.e. moved house, absence of a parent, family illness, new baby etc.?

Are there any family care arrangements that we need to be aware of?

Has there been, or are there currently any court orders in place regarding custody of your child. Yes/No

**Does your family celebrate the following events:**

Event	Yes/No	Comments
Easter	Yes/No	
Christmas	Yes/No	
Mother's Day	Yes/No	
Father's Day	Yes/No	
Birthdays	Yes/No	

List your child's previous kindergarten/preschool/day care or school experiences (including number of days per week) .....

I give permission for Birkdale SS to contact my child's previous kindergarten/preschool/day care if required for class placement. Yes/No Contact phone number: .....

**Photo Permission**

I give permission for my child to be photographed whilst participating in the prep program and in school activities. I understand that the photos may be placed on display for the school community to view.

Yes/No

Parent/Carer Signature: ..... Date: .....

Interviewer Signature: ..... Date: .....



# Birkdale State School Getting To Know Your Prep Form

Child's Name: ..... Date of Birth: .....

Preferred Name: ..... Birth Certificate provided: Yes/No

Gender: male/female ..... Handedness: left/right .....

Parent/Guardian's name/s: .....

Contact phone numbers: .....

Child's place in the family: .....

Names, ages and grades & schools of other children in the family:

Who will be dropping off and collecting your child from Prep? .....

Will your child be attending before or after school care? Where and when? .....

How do you think your child will settle into Prep? Any concerns? .....

Is there any information that may help us understand your child better?

- family's cultural background .....
- languages spoken at home .....
- religious beliefs .....

other .....

### Physical Health and Development

Does any area of your child's physical development concern you? .....

Has your child been professionally assessed and/or received support in any of the following areas? If yes, please provide copies of any reports.

#### Notes:

- |  |             |
|--|-------------|
| <input type="radio"/> Physical development | Date: ..... |
| <input type="radio"/> Speech language      | Date: ..... |
| <input type="radio"/> Hearing              | Date: ..... |
| <input type="radio"/> Vision               | Date: ..... |
| <input type="radio"/> Toileting            | Date: ..... |
| <input type="radio"/> Behaviour            | Date: ..... |
| <input type="radio"/> Special Needs        | Date: ..... |
| <input type="radio"/> Occupational Therapy | Date: ..... |
| <input type="radio"/> Dev. Assess. Team    | Date: ..... |

Does your child have a diagnosis of (please tick if applicable):

- |  |  |   |
|--|--|---|
| <input type="radio"/> Autism Spectrum Disorder | <input type="radio"/> Hearing Impairment         | <input type="radio"/> Vision Impairment   |
| <input type="radio"/> Intellectual Impairment  | <input type="radio"/> Speech Language Impairment | <input type="radio"/> Physical Impairment |

Is your child allergic to anything? .....

Does your child have diagnosed food allergies or a food intolerance? .....

Does your child have any dietary requirements/considerations? .....

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

Has your child been hospitalised/ had any operations? Yes/No How recently? .....

### Play Experiences

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

What areas of play is your child interested in? (Parent response/child response).....

Does your child have any friends who will be attending BSS Prep? .....

Does your child participate in any out-of-school activities, e.g. swimming, football, music?

Does your child have any fears/dislikes? \_\_\_\_\_

### Partnerships with families

With which parent/s does the student live? (Please tick)

- Both parents at one address                       mainly mother                       mainly father  
 equal time with both parents at separate addresses     guardian                       other

Have there been any family changes recently i.e. moved house, absence of a parent, family illness, new baby etc.?

Are there any family care arrangements that we need to be aware of?

Has there been, or are there currently any court orders in place regarding custody of your child. Yes/No

### Does your family celebrate the following events:

Event	Yes/No	Comments
Easter	Yes/No	
Christmas	Yes/No	
Mother's Day	Yes/No	
Father's Day	Yes/No	
Birthdays	Yes/No	

List your child's previous kindergarten/preschool/day care or school experiences (including number of days per week) .....

I give permission for Birkdale SS to contact my child's previous kindergarten/preschool/day care if required for class placement. Yes/No Contact phone number: .....

### Photo Permission

I give permission for my child to be photographed whilst participating in the prep program and in school activities. I understand that the photos may be placed on display for the school community to view.

Yes/No

Parent/Carer Signature: ..... Date: .....

Interviewer Signature: ..... Date: .....



# Birkdale State School Getting To Know Your Prep Form

Child's Name: ..... Date of Birth: .....

Preferred Name: ..... Birth Certificate provided: Yes/No

Gender: male/female ..... Handedness: left/right .....

Parent/Guardian's name/s: .....

Contact phone numbers: .....

Child's place in the family: .....

Names, ages and grades & schools of other children in the family:

Who will be dropping off and collecting your child from Prep? .....

Will your child be attending before or after school care? Where and when? .....

How do you think your child will settle into Prep? Any concerns? .....

Is there any information that may help us understand your child better?

- family's cultural background .....
- languages spoken at home .....
- religious beliefs .....

other .....

### Physical Health and Development

Does any area of your child's physical development concern you? .....

Has your child been professionally assessed and/or received support in any of the following areas? If yes, please provide copies of any reports.

#### Notes:

- |  |             |
|--|-------------|
| <input type="radio"/> Physical development | Date: ..... |
| <input type="radio"/> Speech language      | Date: ..... |
| <input type="radio"/> Hearing              | Date: ..... |
| <input type="radio"/> Vision               | Date: ..... |
| <input type="radio"/> Toileting            | Date: ..... |
| <input type="radio"/> Behaviour            | Date: ..... |
| <input type="radio"/> Special Needs        | Date: ..... |
| <input type="radio"/> Occupational Therapy | Date: ..... |
| <input type="radio"/> Dev. Assess. Team    | Date: ..... |

Does your child have a diagnosis of (please tick if applicable):

- |  |  |   |
|--|--|---|
| <input type="radio"/> Autism Spectrum Disorder | <input type="radio"/> Hearing Impairment         | <input type="radio"/> Vision Impairment   |
| <input type="radio"/> Intellectual Impairment  | <input type="radio"/> Speech Language Impairment | <input type="radio"/> Physical Impairment |

Is your child allergic to anything? .....

Does your child have diagnosed food allergies or a food intolerance? .....

Does your child have any dietary requirements/considerations? .....

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

Has your child been hospitalised/ had any operations? Yes/No How recently? .....

**Play Experiences**

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

What areas of play is your child interested in? (Parent response/child response).....

Does your child have any friends who will be attending BSS Prep? .....

Does your child participate in any out-of-school activities, e.g. swimming, football, music?

Does your child have any fears/dislikes? \_\_\_\_\_

**Partnerships with families**

With which parent/s does the student live? (Please tick)

- Both parents at one address
- equal time with both parents at separate addresses
- mainly mother
- guardian
- mainly father
- other

Have there been any family changes recently i.e. moved house, absence of a parent, family illness, new baby etc.?

Are there any family care arrangements that we need to be aware of?

Has there been, or are there currently any court orders in place regarding custody of your child. Yes/No

**Does your family celebrate the following events:**

Event	Yes/No	Comments
Easter	Yes/No	
Christmas	Yes/No	
Mother's Day	Yes/No	
Father's Day	Yes/No	
Birthdays	Yes/No	

List your child's previous kindergarten/preschool/day care or school experiences (including number of days per week) .....

I give permission for Birkdale SS to contact my child's previous kindergarten/preschool/day care if required for class placement. Yes/No Contact phone number: .....

**Photo Permission**

I give permission for my child to be photographed whilst participating in the prep program and in school activities. I understand that the photos may be placed on display for the school community to view.

Yes/No

Parent/Carer Signature: ..... Date: .....

Interviewer Signature: ..... Date: .....



# Birkdale State School Getting To Know Your Prep Form

Child's Name: ..... Date of Birth: .....

Preferred Name: ..... Birth Certificate provided: Yes/No

Gender: male/female ..... Handedness: left/right .....

Parent/Guardian's name/s: .....

Contact phone numbers: .....

Child's place in the family: .....

Names, ages and grades & schools of other children in the family:

Who will be dropping off and collecting your child from Prep? .....

Will your child be attending before or after school care? Where and when? .....

How do you think your child will settle into Prep? Any concerns? .....

Is there any information that may help us understand your child better?

- family's cultural background .....
- languages spoken at home .....
- religious beliefs .....

other .....

### Physical Health and Development

Does any area of your child's physical development concern you? .....

Has your child been professionally assessed and/or received support in any of the following areas? If yes, please provide copies of any reports.

#### Notes:

- |   |             |
|---|-------------|
| <input type="checkbox"/> Physical development | Date: ..... |
| <input type="checkbox"/> Speech language      | Date: ..... |
| <input type="checkbox"/> Hearing              | Date: ..... |
| <input type="checkbox"/> Vision               | Date: ..... |
| <input type="checkbox"/> Toileting            | Date: ..... |
| <input type="checkbox"/> Behaviour            | Date: ..... |
| <input type="checkbox"/> Special Needs        | Date: ..... |
| <input type="checkbox"/> Occupational Therapy | Date: ..... |
| <input type="checkbox"/> Dev. Assess. Team    | Date: ..... |

Does your child have a diagnosis of (please tick if applicable):

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Autism Spectrum Disorder | <input type="checkbox"/> Hearing Impairment         | <input type="checkbox"/> Vision Impairment   |
| <input type="checkbox"/> Intellectual Impairment  | <input type="checkbox"/> Speech Language Impairment | <input type="checkbox"/> Physical Impairment |

Is your child allergic to anything? .....

Does your child have diagnosed food allergies or a food intolerance? .....

Does your child have any dietary requirements/considerations? .....

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

Has your child been hospitalised/ had any operations? Yes/No How recently? .....

**Play Experiences**

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

What areas of play is your child interested in? (Parent response/child response).....

Does your child have any friends who will be attending BSS Prep? .....

Does your child participate in any out-of-school activities, e.g. swimming, football, music?

Does your child have any fears/dislikes? \_\_\_\_\_

**Partnerships with families**

With which parent/s does the student live? (Please tick)

- Both parents at one address
- equal time with both parents at separate addresses
- mainly mother
- guardian
- mainly father
- other

Have there been any family changes recently i.e. moved house, absence of a parent, family illness, new baby etc.?

Are there any family care arrangements that we need to be aware of?

Has there been, or are there currently any court orders in place regarding custody of your child. Yes/No

**Does your family celebrate the following events:**

Event	Yes/No	Comments
Easter	Yes/No	
Christmas	Yes/No	
Mother's Day	Yes/No	
Father's Day	Yes/No	
Birthdays	Yes/No	

List your child's previous kindergarten/preschool/day care or school experiences (including number of days per week) .....

I give permission for Birkdale SS to contact my child's previous kindergarten/preschool/day care if required for class placement. Yes/No Contact phone number: .....

**Photo Permission**

I give permission for my child to be photographed whilst participating in the prep program and in school activities. I understand that the photos may be placed on display for the school community to view.

Yes/No

Parent/Carer Signature: ..... Date: .....

Interviewer Signature: ..... Date: .....





# Birkdale State School Getting To Know Your Prep Form

Child's Name: ..... Date of Birth: .....

Preferred Name: ..... Birth Certificate provided: Yes/No

Gender: male/female ..... Handedness: left/right .....

Parent/Guardian's name/s: .....

Contact phone numbers: .....

Child's place in the family: .....

Names, ages and grades & schools of other children in the family:

Who will be dropping off and collecting your child from Prep? .....

Will your child be attending before or after school care? Where and when? .....

How do you think your child will settle into Prep? Any concerns? .....

Is there any information that may help us understand your child better?

- family's cultural background .....
- languages spoken at home .....
- religious beliefs .....

other .....

### Physical Health and Development

Does any area of your child's physical development concern you? .....

Has your child been professionally assessed and/or received support in any of the following areas? If yes, please provide copies of any reports.

#### Notes:

- |  |             |
|--|-------------|
| <input type="radio"/> Physical development | Date: ..... |
| <input type="radio"/> Speech language      | Date: ..... |
| <input type="radio"/> Hearing              | Date: ..... |
| <input type="radio"/> Vision               | Date: ..... |
| <input type="radio"/> Toileting            | Date: ..... |
| <input type="radio"/> Behaviour            | Date: ..... |
| <input type="radio"/> Special Needs        | Date: ..... |
| <input type="radio"/> Occupational Therapy | Date: ..... |
| <input type="radio"/> Dev. Assess. Team    | Date: ..... |

Does your child have a diagnosis of (please tick if applicable):

- |  |  |   |
|--|--|---|
| <input type="radio"/> Autism Spectrum Disorder | <input type="radio"/> Hearing Impairment         | <input type="radio"/> Vision Impairment   |
| <input type="radio"/> Intellectual Impairment  | <input type="radio"/> Speech Language Impairment | <input type="radio"/> Physical Impairment |

Is your child allergic to anything? .....

Does your child have diagnosed food allergies or a food intolerance? .....

Does your child have any dietary requirements/considerations? .....

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

Has your child been hospitalised/ had any operations? Yes/No How recently? .....

**Play Experiences**

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

What areas of play is your child interested in? (Parent response/child response).....

Does your child have any friends who will be attending BSS Prep? .....

Does your child participate in any out-of-school activities, e.g. swimming, football, music?  
.....

Does your child have any fears/dislikes? \_\_\_\_\_

**Partnerships with families**

With which parent/s does the student live? (Please tick)

- Both parents at one address
- equal time with both parents at separate addresses
- mainly mother
- guardian
- mainly father
- other

Have there been any family changes recently i.e. moved house, absence of a parent, family illness, new baby etc.?  
.....

Are there any family care arrangements that we need to be aware of?  
.....

Has there been, or are there currently any court orders in place regarding custody of your child. Yes/No

**Does your family celebrate the following events:**

Event	Yes/No	Comments
Easter	Yes/No	
Christmas	Yes/No	
Mother's Day	Yes/No	
Father's Day	Yes/No	
Birthdays	Yes/No	

List your child's previous kindergarten/preschool/day care or school experiences (including number of days per week) .....

I give permission for Birkdale SS to contact my child's previous kindergarten/preschool/day care if required for class placement. Yes/No Contact phone number: .....

**Photo Permission**

I give permission for my child to be photographed whilst participating in the prep program and in school activities. I understand that the photos may be placed on display for the school community to view.  
Yes/No

Parent/Carer Signature: ..... Date: .....

Interviewer Signature: ..... Date: .....



# Birkdale State School Getting To Know Your Prep Form

Child's Name: ..... Date of Birth: .....

Preferred Name: ..... Birth Certificate provided: Yes/No

Gender: male/female ..... Handedness: left/right .....

Parent/Guardian's name/s: .....

Contact phone numbers: .....

Child's place in the family: .....

Names, ages and grades & schools of other children in the family:

Who will be dropping off and collecting your child from Prep? .....

Will your child be attending before or after school care? Where and when? .....

How do you think your child will settle into Prep? Any concerns? .....

Is there any information that may help us understand your child better?

- family's cultural background .....
- languages spoken at home .....
- religious beliefs .....

other .....

### Physical Health and Development

Does any area of your child's physical development concern you? .....

Has your child been professionally assessed and/or received support in any of the following areas? If yes, please provide copies of any reports.

#### Notes:

- |  |             |
|--|-------------|
| <input type="radio"/> Physical development | Date: ..... |
| <input type="radio"/> Speech language      | Date: ..... |
| <input type="radio"/> Hearing              | Date: ..... |
| <input type="radio"/> Vision               | Date: ..... |
| <input type="radio"/> Toileting            | Date: ..... |
| <input type="radio"/> Behaviour            | Date: ..... |
| <input type="radio"/> Special Needs        | Date: ..... |
| <input type="radio"/> Occupational Therapy | Date: ..... |
| <input type="radio"/> Dev. Assess. Team    | Date: ..... |

Does your child have a diagnosis of (please tick if applicable):

- |  |  |   |
|--|--|---|
| <input type="radio"/> Autism Spectrum Disorder | <input type="radio"/> Hearing Impairment         | <input type="radio"/> Vision Impairment   |
| <input type="radio"/> Intellectual Impairment  | <input type="radio"/> Speech Language Impairment | <input type="radio"/> Physical Impairment |

Is your child allergic to anything? .....

Does your child have diagnosed food allergies or a food intolerance? .....

Does your child have any dietary requirements/considerations? .....

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

Has your child been hospitalised/ had any operations? Yes/No How recently? .....

### Play Experiences

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

What areas of play is your child interested in? (Parent response/child response).....

Does your child have any friends who will be attending BSS Prep? .....

Does your child participate in any out-of-school activities, e.g. swimming, football, music?

Does your child have any fears/dislikes? \_\_\_\_\_

### Partnerships with families

With which parent/s does the student live? (Please tick)

- Both parents at one address                       mainly mother                       mainly father  
 equal time with both parents at separate addresses    guardian                       other

Have there been any family changes recently i.e. moved house, absence of a parent, family illness, new baby etc.?

Are there any family care arrangements that we need to be aware of?

Has there been, or are there currently any court orders in place regarding custody of your child. Yes/No

### Does your family celebrate the following events:

Event	Yes/No	Comments
Easter	Yes/No	
Christmas	Yes/No	
Mother's Day	Yes/No	
Father's Day	Yes/No	
Birthdays	Yes/No	

List your child's previous kindergarten/preschool/day care or school experiences (including number of days per week) .....

I give permission for Birkdale SS to contact my child's previous kindergarten/preschool/day care if required for class placement. Yes/No Contact phone number: .....

### Photo Permission

I give permission for my child to be photographed whilst participating in the prep program and in school activities. I understand that the photos may be placed on display for the school community to view.  
Yes/No

Parent/Carer Signature: ..... Date: .....

Interviewer Signature: ..... Date: .....